



WAYNE STATE

School of Medicine

M.D. Handbook and Policies



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UNDERGRADUATE MEDICAL EDUCATION MAJOR COMMITTEES

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- [Curriculum Committee](#)
- [Institutional Effectiveness Committee](#)
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1. MD REQUIREMENTS AND PROCEDURES

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1.1 NEW INSTITUTIONAL DOMAINS OF COMPETENCY AND COMPETENCIES

In 2016, Wayne State University School of Medicine analyzed the current institutional learning objectives and decided to revise its competency domains and related competencies for the program leading to the MD degree. As a result, the new AAMC domains of competency were assumed and many institutional competencies changed; in some areas, the previous WSUSOM competencies were maintained but mapped to a *Physician Competency Reference Set* competency and in other areas the new PCRS competencies were adopted. The new domains and competencies are intended to be in line with the AAMC's PCRS and to map the competencies to the Entrustable Professional Activities. WSUSOM Undergraduate Medical Education Curriculum Committee approved the competency domains and competencies on 6/8/2016; they will be instituted beginning with the 2016-2017 academic year.

DOMAIN 1: KNOWLEDGE FOR PRACTICE (KP)

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 3, 13	KP 1	KP 1: Demonstrate an investigatory and analytic approach to clinical situations
EPA 2	KP 2	KP 2: Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations
EPA 2, 7	KP 3	KP 3: Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care
EPA 2, 3, 7	KP 4	KP 4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations*
	KP 5	KP 5: Apply psychosocial principles and concepts in the delivery of health care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes toward care*
	KP 6	KP 6: Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.



DOMAIN 2: PATIENT CARE (PC)

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 10, 12	PC 1	PC 1: Perform routine technical procedures specified by the medical school and clerkship
EPA 1, 2, 4, 6, 10	PC 2	PC 2A: Take a satisfactory medical history including psychosocial, nutritional, occupational and sexual dimensions
EPA 1, 2, 4, 6, 10	PC 2	PC 2B: Perform a satisfactory physical exam
EPA 1, 2, 4, 6, 10	PC 2	PC 2C: Accurately document the clinical encounter
EPA 10, 11	PC 3	PC 3: Apply the concepts and principles of patient safety science in the delivery of clinical care
EPA 2, 3, 5, 10	PC 4	PC 4A: Apply laboratory and imaging methods in identifying diseases or health problems
EPA 2, 3, 5, 10	PC 4	PC 4B: Interpret laboratory data, imaging studies, and other tests required for the area of practice
EPA 3, 4, 10	PC 5	PC 5A: Utilize data from the history, physical exam and laboratory evaluations, with up-to-date scientific evidence to identify health problems
EPA 3, 4, 10	PC 5	PC 5B: Formulate an appropriate differential diagnosis
EPA 4, 5, 10, 11	PC 6	PC 6A: Formulate effective management plans (diagnostic, treatment, prevention strategies, including relieving pain and ameliorating the suffering of patients) for diseases and other health problems
EPA 4, 5, 10, 11	PC 6	PC 6B: Monitor the course of illnesses and to appropriately revise the management plan
EPA 3, 11, 12	PC 7	PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making*
EPA 8	PC 8	PC 8: Understand the need and value of consultations and referrals in the delivery of health care
EPA 3	PC 9	PC 9: Apply preventive and health maintenance principles and techniques in the delivery of health care*
	PC 10	PC 10: Provide appropriate role modeling
	PC 11	PC 11: Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
	PC 12	PC 12: Diagnose and manage patients with common diseases and health-related conditions prevalent in urban settings*

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.



DOMAIN 3: PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI)

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 2, 4, 6, 7	PBLI 1	PBLI 1: Recognize personal educational needs and to select and utilize appropriate resources to optimize learning
	PBLI 2	PBLI 2: Set learning and improvement goals
EPA 7	PBLI 3	PBLI 3: Identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes
EPA 13	PBLI 4	PBLI 4: Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement
EPA 8	PBLI 5	PBLI 5: Incorporate feedback into daily practice
EPA 7	PBLI 6	PBLI 6: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
EPA 4, 7, 8	PBLI 7	PBLI 7: Use information technology to optimize learning
	PBLI 8	PBLI 8: Participate in the education of patients, families, students, trainees, peers, and other health professionals
EPA 3, 7	PBLI 9	PBLI 9: Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care*

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.



DOMAIN 4: INTERPERSONAL AND COMMUNICATION SKILLS (ICS)

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 4, 5, 6, 11	ICS 1	ICS 1: Effectively interact with patients, peers, families and other healthcare workers from diverse cultural backgrounds*
EPA 2, 5, 6, 7, 8, 9, 10, 13	ICS 2	ICS 2: The ability to effectively communicate with peers and members of the healthcare team in the care of patients and their families
EPA 8, 9	ICS 3	ICS 3: The ability to work cooperatively with other health care workers in the delivery of health care
	ICS 4	ICS 4: Act in a consultative role to other health professionals
EPA 5, 11, 12	ICS 5	ICS 5: Maintain comprehensive, timely, and legible medical records
EPA 10, 12	ICS 6	ICS 6: Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g.. about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics
EPA 1, 9, 11	ICS 7	ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

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DOMAIN 5: PROFESSIONALISM (P)

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 6, 9	P 1	P 1: Demonstrate compassion, integrity, and respect for others, in particular people from vulnerable population*
	P 2	P 2: Demonstrate responsiveness to patient needs that supersedes self-interest
EPA 1, 6, 8	P 3	P 3 Respect the patients' dignity, privacy, and confidentiality in the delivery of health care
EPA 5, 13	P 4	P 4: Demonstrate accountability to peers, patients, society, and the profession
EPA 1	P 5	P 5: Demonstrate sensitivity and responsiveness to diverse populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation*
EPA 12	P 6	P 6: Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
	P 7	P 7: Demonstrate credibility, initiative, integrity and professional competence needed to gain the confidence and respect of others while providing clinical care or other services to diverse populations in an urban setting*

* Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence.



DOMAIN 6: SYSTEMS-BASED PRACTICE (SBP)

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 5	SBP 1	SBP 1: Describe the health care delivery systems including social, economic and political dimensions
EPA 9	SBP 2	SBP 2: Coordinate patient care within the health care system relevant to one's clinical specialty
EPA 3, 4, 11, 12	SBP 3	SBP 3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care*
EPA 13	SBP 4	SBP 4: Advocate for quality patient care and optimal patient care systems to support and contribute to a culture of safety
EPA 13	SBP 5	SBP 5: Participate in identifying system errors and implementing potential systems solution
	SBP 6	SBP 6: Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications
EPA 5	SBP 1	SBP 1: Describe the health care delivery systems including social, economic and political dimensions

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DOMAIN 7: INTERPROFESSIONAL COLLABORATION (IPC)

Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population-centered care.

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 9	IPC 1	IPC 1: Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
EPA 9	IPC 2	IPC 2: Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served*
EPA 9	IPC 3	IPC 3: Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
	IPC 4	IPC 4: Participate in different team roles to establish, develop, and continuously enhance inter-professional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable*

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DOMAIN 8: PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD)

Demonstrate the qualities required to sustain lifelong personal and professional growth

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
	PPD 1	PPD 1: Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
	PPD 2	PPD 2: Demonstrate healthy coping mechanisms to respond to stress
	PPD 3	PPD 3: Manage conflict between personal and professional responsibilities
EPA 6	PPD 4	PPD 4: Practice flexibility and maturity in adjusting to change with the capacity to alter behavior
	PPD 5	PPD 5: Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
	PPD 6	PPD 6: Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
EPA 6, 11, 12	PPD 7	PPD 7: Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
EPA 2	PPD 8	PPD 8: Recognize that ambiguity is part of clinical health care and respond by using appropriate resources in dealing with uncertainty

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DOMAIN 13: ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR ENTERING RESIDENCY

EPA 1:	Gather a history and perform a physical examination
EPA 2:	Prioritize a differential diagnosis following a clinical encounter
EPA 3:	Recommend and interpret common diagnostic and screening tests
EPA 4:	Enter and discuss orders and prescriptions
EPA 5:	Document a clinical encounter in the patient record
EPA 6:	Provide an oral presentation of a clinical encounter
EPA 7:	Form clinical questions and retrieve evidence to advance patient care
EPA 8:	Give or receive a patient handover to transition care responsibility
EPA 9:	Collaborate as a member of an interprofessional team
EPA 10:	Recognize a patient requiring urgent or emergent care and initiate evaluation and management
EPA 11:	Obtain informed consent for tests and/or procedures
EPA 12:	Perform general procedures of a physician
EPA 13:	Identify system failures and contribute to a culture of safety and improvement

REFERENCES

- i Eglander, R, Cameron, T, Ballard, A, Dodge, J, Bull, J, Aschenbrener, C. Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians: Acad. Med. 2013; 88: 1088- 1094
- ii Association of American Medical Colleges (AAMC). Core Entrustable Professional Activities for Entering Residency Curriculum Developers' Guide. 2014; [https://members.aamc.org/eweb/upload/Core EPA Curriculum Dev Guide.pdf](https://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf)



1.2 SPECIFICATION OF REQUIREMENTS FOR GRADUATION

In order to graduate from WSUSOM, each Year 4 student must:

- Achieve a satisfactory or honors grade for all prescribed clerkships and electives
- Complete all required assignments
- Complete any OSCE remediation
- Meet all attendance requirements and satisfactorily complete all make-up provisions
- Act professionally toward patients, fellow students, faculty, standardized patients and staff
- Pass USMLE Step 1
- Pass USMLE Step 2CK
- Pass USMLE Step 2CS

May 1st of each year is the deadline for completion of all Year 4 requirements, including coursework and passing USMLE examinations. Students who have not passed USMLE Step 2CK or 2CS examinations by May 1st will not be allowed to participate in graduation activities, including commencement. Students who owe only coursework after May 1 may be allowed to participate in graduation activities on a case by case basis, as determined by the Vice Dean for Medical Education or his/her designee.

It is the student's responsibility to know the requirements for completion of the senior program and the requirements for the award of the medical degree and graduation. Failure to complete all requirements by the May 1st deadline may delay a student's application for a temporary license, which may mean that the student is unable to begin his/her residency on time.

1.3 SCHOOL OF MEDICINE TECHNICAL STANDARDS

TECHNICAL STANDARDS FOR THE WSUSOM

A candidate for the MD degree must possess abilities and skills which include those that are observational, communicational, motor, intellectual-conceptual (integrative and quantitative), and behavioral and social.

Once applicants with disabilities are accepted to a medical school, the school must provide certain accommodations to those persons so that they can enjoy the same services, benefits, and educational and training opportunities as those without disabilities. The law requires "reasonable" accommodation, but an accommodation cannot alter the essential elements of a course. Similarly, the technical standards of a program cannot be altered. The use of a trained intermediary is not acceptable in many clinical situations in that it implies that a candidate's judgment must be mediated by someone else's power of selection and observation. Any student who believes they have a disability should report to the Wayne State University School of Medicine



Office of Student Disability Services for determination of the disability and associated accommodation. Any student who believes they have a disability, please refer to the procedures associated with the Wayne State University Student Disability Services in this document.

OBSERVATION

The candidate must be able to acquire a defined level of required information as presented through demonstrations and experiences in the basic sciences, including but not limited to information conveyed through physiologic and pharmacological demonstrations in animals, microbiological cultures and microscopic images of microorganisms and tissues in normal and pathological states. Furthermore, a candidate must be able:

- To observe a patient accurately, at a distance, and close at hand, to acquire information from written documents, and to visualize information as presented in images from paper, films, slides or video.
- To interpret x-ray and other graphic images, and digital or analog representations of physiologic phenomenon (such as EKGs) with or without the use of assistive devices. Such observation and information acquisition necessitates the functional use of visual, auditory and somatic sensation while being enhanced by the functional use of other sensory modalities. In any case where a candidate's ability to observe or acquire information through these sensory modalities is compromised, the candidate must demonstrate alternative means and/or abilities to acquire and demonstrate the essential information conveyed in this fashion. If the alternatives are acceptable, it is expected that obtaining and using such alternate means and/or abilities shall be the responsibility of the student.

COMMUNICATION

A candidate must be able to speak, to hear and to observe patients by sight in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes speech, reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

MOTOR SKILLS

It is required that a candidate possess the motor skills necessary to directly perform palpation, percussion, auscultation and other diagnostic procedures. The candidate must be able to execute motor movements reasonably required to provide general and emergency medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, application of pressure to control bleeding, suturing of wounds and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.



INTELLECTUAL-CONCEPTUAL (INTEGRATIVE AND QUANTITATIVE) ABILITIES

The candidate must be able to measure, calculate, reason, analyze, integrate and synthesize. In addition, the candidate must be able to comprehend three- dimensional relationships and to understand the spatial relationships of structures. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. The candidate must be able to perform these problem-solving skills in a timely fashion.

BEHAVIORAL AND SOCIAL ATTRIBUTES

The candidate must possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. The candidate must be able to tolerate physically taxing workloads and to function effectively under stress. He/she must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that will be assessed during the admissions and educational processes.



TEACHER-LEARNER AGREEMENT

2. MD REQUIREMENTS AND PROCEDURES

In this section:

- 2.1 STUDENT CONFIDENTIALITY AND ACCESS TO SENSITIVE INFORMATION
 - 2.2 REGISTRATION AND STUDY LISTS
 - 2.3 DATA SECURITY AND PRIVACY (HIPAA)
 - 2.4 DEFINITION OF MEDICAL STUDENT PRACTICE ROLE
 - 2.5 STUDENT DISABILITY SERVICES
 - 2.6 RESEARCH INTEGRITY
 - 2.7 EVALUATION COMPLETION REQUIREMENTS
 - 2.8 TRANSCRIPT GRADING KEY
 - 2.9 LEAVES OF ABSENCE AND DISCONTINUATION AND REINSTATEMENT
 - 2.10 MALPRACTICE LIABILITY FOR MEDICAL STUDENTS
 - 2.11 MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS
 - 2.12 COMPUTER AND DEVICE SECURITY
 - 2.13 MISTREATMENT POLICY
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 - 2.16 WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE EDUCATION RESEARCH POLICY
 - 2.17 STEPPING OUT OF THE MD CURRICULUM SEQUENCE
 - 2.18 UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL
 - 2.19 USMLE REQUIREMENTS: STEP 1, STEP 2 CK AND STEP 2CS
 - 2.20 ABSENCE POLICY AND EXPECTATIONS
 - 2.21 N95 RESPIRATOR MASK FIT REQUIREMENTS FOR MEDICAL STUDENTS
 - 2.22 SCHOOL OF MEDICINE DRESS CODE GUIDELINES FOR THE CLINICAL SETTING
 - 2.23 SCHOOL OF MEDICINE CRIMINAL BACKGROUND CHECK POLICY
 - 2.24 ENROLLMENT STATUS POLICIES
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2.1 STUDENT CONFIDENTIALITY AND ACCESS TO SENSITIVE INFORMATION

PURPOSE

The purpose of this policy is to outline the approach of Wayne State University School of Medicine towards the handling of sensitive information such as academic records, health information and evaluation of students who seek medical/psychological care.

CONFIDENTIALITY

Wayne State University School of Medicine follows appropriate standards of confidentiality in the management of private student information. Wayne State University School of Medicine's policies pertaining to student access to records and the protection of confidentiality comply with Wayne State University (parent institution) and the **Family Educational Rights and Privacy Act of 1974 (FERPA)**, governing access to, and confidentiality of, student educational records. For more information regarding **Wayne State University's Privacy of Academic Records Policy**, please refer to: <http://reg.wayne.edu/students/privacy.php>

RIGHTS UNDER FERPA FOR POSTSECONDARY INSTITUTIONS

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records:

- The right to inspect and review the student's education records.
- The right to request the amendment of the student's education record that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.
- The right to provide written consent before the University discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202



STUDENT INFORMATION AND ACADEMIC RECORDS

With certain defined exceptions, under FERPA, an academic record is: Any record, maintained by an institution or agent of the institution where a student can be personally identified. A student has right to expect that educational records will be kept confidential and will be disclosed only with his or her permission or as allowed by law (including electronic records). Information regarding an individual's academic performance, external examination results (e.g. USMLE) and financial status will be kept confidential and handled carefully to prevent it from becoming known to unauthorized individuals.

The Wayne State University School of Medicine uses various secure *electronic information systems*, such as MySOM, Banner, STARS, E*Value, etc. for storing information regarding student academic performance, course registration, biographical data, appointment information and financial aid and student account information regarding charges and payments. *Paper files* kept at Wayne State University School of Medicine include the academic file and the health file.

REVIEW AND AMEND RECORDS

Students have the right to inspect and review their educational records, seek amendment of the records they believe to be inaccurate or in violation of their privacy rights, and consent to disclosures of personally identifiable information contained in their records (except to the extent that the law authorizes disclosure without consent). Students who wish to amend an inaccurate or misleading record may:

- Discuss any changes with the School of Medicine Assistant Dean for Student Affairs or Office of Records & Registration
- Request that records are reviewed by Wayne State University Registrar (main campus). The school is required, by law, to respond within 45 days of the request receipt. Requests through this channel should be addressed to:

Wayne State University Academic
Records Wayne State University
5057 Woodward, Fifth Floor
Detroit, MI 48202



2.2 REGISTRATION AND STUDY LIST - PENDING

2.3 DATA SECURITY AND PRIVACY (HIPAA) - PENDING

2.4 DEFINITION OF MEDICAL STUDENT PRACTICE ROLE - PENDING

2.5 STUDENT DISABILITY SERVICES

The mission of Student Disability Services (SDS) is to serve as a resource for the Wayne State University community in order to ensure academic access and inclusion for students, supporting a view of disability guided by social, cultural, and political forces. Student Disability Services works to create inclusive academic environments by promoting the construct of universal design throughout the university. To this end, SDS provides academic accommodations, resources and training in assistive technology, and information to foster understanding of disability throughout the university community. <https://studentdisability.wayne.edu/>

2.6 RESEARCH INTEGRITY

<https://research.wayne.edu/integrity/index.php>

2.7 EVALUATION COMPLETION REQUIREMENT**YEAR 3 AND YEAR 4 CLERKSHIP AND ELECTIVE GRADING**

The evaluation of Year 3 students is the responsibility of the School of Medicine Clinical Education Committee, which delegates that authority to the individual Year 3 Clerkship Directors. In turn, Clerkship Directors and Departmental Medical Student Education committees determine the clerkship grades for each student and recommends grades to the Clinical Education Committee. The Clerkship Committee reviews and approves grades on a monthly basis. Grades are then disseminated to students through E*Value.

Guidelines for evaluation of cognitive and clinical skills are established for each clerkship by the respective clerkship director and departmental education committee. These guidelines are detailed elsewhere in department-specific clerkship policies and procedures. At the beginning of each clerkship, students are informed about the specifics of the evaluation and grading policy. Each clerkship uses subject examinations purchased from the National Board of Medical Examiners. Course grades, at a minimum, are determined by written examinations and completion of clinical performance evaluations by supervising attending physicians and/or supervising residents. In some clerkships oral examinations, objective structured clinical exams, defined clinical exercises and/or research papers may also be a component of a grade.



Students should direct questions regarding the evaluation and grading system of a specific clerkship to that clerkship director. If further clarification is needed, contact the office of the Assistant Dean for Clinical Education.

MID-CLERKSHIP EVALUATIONS

Clinical preceptors (faculty, attending physicians, or senior residents) provide students with a mid-clerkship evaluation. It is the student's responsibility to solicit a mid-clerkship evaluation from those physicians with whom he/she has worked. The evaluation should detail your strengths, weaknesses, and any recommendations for improvement during the remainder of the clerkship. A form for accomplishing this evaluation will be given to you during each clerkship with instructions on when they are due to the clerkship director.

In particular, the clerkship director must be notified by the student's supervising physician if (1) a student is not performing as expected at the time of the mid-clerkship evaluation, and (2) there is a concern that the student will not satisfactorily complete the clerkship. If such a mid-clerkship evaluation is received, the clerkship director or his/her designee will offer to meet with the student to discuss his/her progress and plan for remediation. It is recommended that copies of these written evaluations be kept by the student for future reference.

GRADING WRITTEN EXAMINATIONS

Exams written by School of Medicine faculty are graded based on established departmental criteria. The NBME provides each clerkship director with individual examination scores and the mean and the standard deviation for the NBME Subject Examination for the WSU School of Medicine cohort administered that examination. Each Clerkship Director and departmental Medical Education Committee decides how passing scores and honors scores for the written examinations are determined. The results of these objective examinations cannot be appealed, other than having the score verified.

CLINICAL PERFORMANCE EVALUATION

At the completion of each clerkship, the student's clinical performance is evaluated using the Clerkship Evaluation of Student form by those faculty and/or residents who have worked with him or her. Students are evaluated using a 5- point scale on twelve different competencies.



2.8 TRANSCRIPT GRADING KEY

TRANSCRIPT GRADES

For each course, one of the following grades will be placed in the transcript:

I = Incomplete will be entered if circumstances beyond the student's control have prevented completion of assigned activities.

U = Unsatisfactory will be entered if the student fails to achieve a satisfactory grade. Failed courses that are repeated will retain the original grade of U on the transcript. Once the student has passed the repeated course the grade of S will be entered on the transcript as the second grade for the course even if performance the second time would have otherwise resulted in a higher grade.

S = Satisfactory will be entered if the student completed all requirements for passing the course

S+ = Satisfactory with Commendations is only available for use with the Year 3 clerkships (except Continuity Clinic Clerkship) and Year 4 Emergency Medicine. A student remediating a course or clerkship is ineligible for a grade of Satisfactory with Commendations.

H = Honors will be entered if the student's performance (during Year 3-4 only) is determined to be meritorious. A student remediating clerkship is ineligible for a grade of Honors.

S* = Satisfactory upon Remediation will be entered for failed courses once they have been successfully remediated by re-examination.

2.9 LEAVES OF ABSENCE AND DISCONTINUATION AND REINSTATEMENT

LEAVE OF ABSENCE PROCESS AND POLICIES

Please refer to the Leave of Absence Policies here: <https://studentaffairs.med.wayne.edu/loa-process>

2.10 MALPRACTICE LIABILITY FOR MEDICAL STUDENTS

The School of Medicine professional liability insurance policy covers hospital based work, summer externships, volunteer activities, both Co-Curricular and Student Organization based and international electives and student organized trips. All activities must receive official School of Medicine Approval. The Office of Records and Registration can provide an insurance certificate of coverage.



2.11 MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS

COMPLIANCE WITH HEALTH STANDARDS

In order to participate in the medical education program and co-curricular programs, a medical student must be compliant with the School of Medicine health standards. Any questions regarding this policy or procedures should be directed to the Medical Student Health Officer at healthofficer@med.wayne.edu.

REQUIRED COMMUNICABLE DISEASE VACCINATIONS

All students are strongly encouraged to keep personal copies of all materials submitted to the school of medicine documenting their compliance with these requirements.

As a medical students and future members of the healthcare workforce it is important for WSU School of Medicine students to provide documentation that they have had all necessary vaccinations or have evidence of immunity from specific diseases. This documentation is essential not only to show that the student is protected, but also to protect those patients with whom they will come in contact during clinical rotations, visits to clinical facilities, and in the course of volunteer or relief programs. This documentation is also required by our affiliated clinical teaching facilities. The specific requirements for vaccination/immunity documentation are listed below. These requirements are based upon current recommendations from the U.S. Center for Disease Control (CDC), the Michigan Department of Community Health (MDCH), and other expert authorities. This information and the requirements must be reviewed very carefully to ensure compliance and should be shared with students' healthcare providers as needed.

Annual influenza vaccinations and TB testing will be offered here at the School of Medicine at the appropriate times of each school year.

Any questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.

REQUIRED VACCINATIONS/EVIDENCE OF IMMUNITY POLICY

As medical students and future members of the healthcare workforce it is important for WSU School of Medicine students to provide documentation that they have had all necessary vaccinations or have evidence of immunity from specific diseases. This documentation is essential not only to show that the student is protected, but also to protect those patients with whom they will come in contact during clinical rotations, visits to clinical facilities, and in the course of volunteer or relief programs. This documentation is also required by our affiliated clinical teaching facilities. The specific requirements for vaccination/immunity documentation are listed below. These requirements are based upon current recommendations from the U.S. Center for Disease Control (CDC), the Michigan Department of Community Health (MDCH), other expert authorities, and requirements of institutions hosting visiting students. This information and the requirements must be reviewed very carefully by the Medical Student Health Officer Assistant to ensure compliance and should be shared with students' healthcare providers as needed.

Students must provide the specific dates of vaccinations. If antibody titers are drawn, then copies of the actual laboratory reports also must be provided to the Medical Student Health Officer Assistant for inclusion in the students' health files

Annual influenza vaccinations and TB testing will be offered at the School of Medicine at the appropriate times of each school year.



Any questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.

All inquiries will be received and addressed by the Medical Student Health Officer Assistant. The Medical Student Health Officer Assistant is responsible for reviewing the health records of and contacting individual students. S/he is a member of the medical field but is not involved in the academic assessment or promotion of medical students. The Medical Student Health Officer is responsible for all policies related to compliance with health standards; but does not review individual student health records.

REQUIRED DOCUMENTATION OF VACCINATIONS AND EVIDENCE OF IMMUNITY:

Please note: For ALL antibody titers, copies of the actual laboratory reports MUST be submitted for inclusion in the student's health file.

1. **Tdap** (Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine) – This is a somewhat different formulation than the DTaP or DPT vaccinations that most of our students received in infancy/early childhood and it is also different than the Td (commonly “Tetanus shot”) that many may have received as adolescents or adults for tetanus prophylaxis for wounds. The Tdap has the standard dose of tetanus toxoid, a reduced dose of diphtheria and an acellular booster for pertussis (“whooping cough”). With the resurgence and increasing incidence of pertussis, the CDC and other authorities have recommended that all healthcare providers who have not received a Tdap **as an adult (i.e. at age 16 or older)** should receive one, regardless of the time since their last Td vaccination. The hospitals in which our students participate in clinical rotations are requiring **explicit documentation of the adult pertussis vaccination** in order for students to be in their facilities
2. **Measles and mumps** – Some of the clinical sites available to students for clerkships and electives require medical students to have **quantitative** measles and mumps antibody titers indicating they are immune to these infections. Therefore, the School of Medicine requires **evidence of immunity**. We *also* request documentation of **two** doses of these vaccinations.
3. **Rubella** – Some of the clinical sites available to students for clerkships and electives require medical students to have **quantitative** rubella antibody titers indicating they are immune to this infection. Therefore, the School of Medicine requires **evidence of immunity**. We also request documentation of at least **one** dose of this vaccination.
4. **Varicella** – All students should have a **quantitative** varicella antibody titer drawn to assess their immunity to this infection. If a student has a history of receiving the vaccination, we request documentation of **two** doses of this vaccination. **A history of having “had the disease” is not adequate documentation of immunity to varicella.**
5. **Hepatitis B** – The majority of clinical sites require documentation of **three** doses of this vaccination **and a quantitative antibody titer (anti-HBs) indicating response to the immunizations**. Therefore the School of Medicine has the same requirement. Students must have evidence of three doses and immunity to Hepatitis B. (Please note that additional blood work and potential re-vaccination will be required in the event that immunity is not documented after the primary series. Students should consult with their healthcare provider in this event.)



ANNUAL INFLUENZA VACCINATION POLICY

WSU School of Medicine students are required to receive an influenza vaccination each year. This annual requirement should be completed as soon as possible after the vaccine becomes available, but in any case no later than **November 30th** each year. Influenza vaccinations are essential in reducing the students' risk of contracting influenza, reducing the risk to their family members, and most importantly to reduce the risk of influenza among those patients with whom they will come in contact during clinical rotations, visits to clinical facilities, and in the course of volunteer or relief programs. Documentation that each student has received an annual influenza vaccination is also required by our affiliated clinical teaching facilities. This policy is based upon current recommendations from the U.S. Center for Disease Control (CDC), the Michigan Department of Community Health (MDCH), and the requirements of our affiliated clinical sites.

Annual influenza vaccination opportunities will be offered here at the School of Medicine at the appropriate times of each school year, typically in the late summer or early fall. Students must provide specific documentation to the Student Health Officer Assistant of their influenza vaccinations if they receive them from a health care provider outside of the School of Medicine programs. This documentation will be placed in the students' confidential health files at the school.

Any questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.

ANNUAL TB SCREENING POLICY

1. Medical students, like all other healthcare personnel, must undergo tuberculosis (TB) screening on an annual basis during time periods determined by the School of Medicine and its affiliated teaching hospitals and clinical facilities.
2. A student's failure to comply with the TB screening requirements of the School of Medicine may result in that student being excluded from participating in training or other activities at those facilities in accordance with their individual institutional infection control policies
3. Upon completion of TB screening, the student will be asked to sign a release allowing the Wayne State University School of Medicine and/or its agents to release information regarding the results of this testing to affiliated health care facilities where students are participating in clinical educational activities which require confirmation that the students have completed the testing mandated by those facilities.
4. TB screening programs will be offered here at the School of Medicine according to the following general schedule:
 1. Year 1 student screening will be scheduled in the fall of Year 1 (baseline screening)
 2. Year 2 student screening will be scheduled in the spring of Year 2 (in preparation for beginning clinical rotations in Year 3)
 3. Year 3 student screening will be scheduled in the spring of Year 3 (in preparation for continuing clinical rotations in Year 4)
 4. Students may choose to have TB screening done at outside medical facilities, but must then provide the School of Medicine with documentation from those facilities of the screening results



5. TB screening will be undertaken according to the population to which each student belongs as follows:
 1. Students with no prior history of a positive Tuberculin Skin Test (TST) nor a positive Interferon-Gamma Release Assay (IGRA) blood test for TB Infection
 - Should undergo routine TST. (Alternative would be IGRA testing)
 2. Students who have received bacilleCalmette-Guerin (BCG)vaccination in childhood
 - Should undergo routine TST. (Alternative would be IGRA testing)
 3. Students known to have latent TB (as evidenced by a history of a past positive TST or IGRA)
 - Must have evidence of one negative chest x-ray and should submit a yearly TB symptom survey. (Students will need to submit a copy of the actual negative chest x-ray report to be placed in their medical folder at the School of Medicine. Students are strongly encouraged to keep a personal copy of their negative x-ray report to avoid unnecessary repeat chest x-rays)
 6. Students should be aware that other institutions and medical facilities where they may apply to undertake electives and other training as a medical student may have different policies for TB screening that are not under the control of the School of Medicine.
 7. Any questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.
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2.12 COMPUTER AND DEVICE SECURITY

Please refer to university policy: <https://tech.wayne.edu/kb/security/computer-device-security>



2.13 MISTREATMENT POLICY

STUDENT MISTREATMENT

The purposes of this policy is to outline expectations of behaviors that promote a positive, supportive, learning environment for Wayne State University School of Medicine medical students and other learners and to identify grievance procedures to address alleged violations. This policy offers a definition of appropriate expectations, provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment in a safe and effective manner.

Wayne State University School of Medicine is committed to maintaining an educational and professional environment that is free of all forms of harassment and discrimination. The School of Medicine strives to create a safe and supportive learning environment that reflects the Institution's values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion and integrity. Mistreatment of medical students is unacceptable and will not be tolerated.

The policy applies to all members of the School of Medicine community including all students, administrators, faculty, staff, clinical teaching faculty, medical personnel, guest lecturers, and volunteers. All members of the School of Medicine community must adhere to this mistreatment policy and report violations. Mistreatment of students can occur by other medical students, university employees and non-university employees. All three types of mistreatment will be addressed in this policy.

Retaliation is strictly prohibited against persons who in good faith report, complain of, or provide information in a mistreatment investigation proceeding. Retaliation includes behavior on the part of the accused or the accuser and other related persons, including, but not limited to, acquaintances, friends and family members. Individuals who believe they are experiencing retaliation should immediately contact the Assistant Dean of Student Affairs or a WSUSOM counselor so that prompt remedial action can be taken.

Students are educated on this policy during Year 1, 2, 3 and 4 Orientation sessions. Students will also receive quarterly emails reminding them of the policy. As part of our process residents, faculty (full time, part-time and volunteer) and staff will also be informed annually. The assistant Dean of Basic Sciences educates Year 1 and 2 faculty and staff through the course directors. The assistant Dean of Clinical Education educates Year 3 and 4 residents, faculty and staff through the clerkship directors and clinical campus medical education directors. All clinical campus affiliates also provide education for their faculty and staff through on line prevention training of both sexual harassment and work place violence. All employees of all participating hospitals must complete these educational modules as a requirement of their employment. Students also receive education on the University Student Code of Conduct Policy as well as the LCME standards as it pertains to student mistreatment at <https://doso.wayne.edu/conduct/codeofconduct.pdf>.



EXAMPLES OF MISTREATMENT

Students should use this Mistreatment Policy to address discriminatory, unfair, arbitrary or capricious treatment by faculty, staff, students, clinical teaching faculty and medical personnel. The school adheres to the professional standards of behavior established by the Association of American Medical Colleges and the Wayne State University Nondiscrimination Policy (referenced in III.c.)

http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf. Students are expected to report behavior which interferes with the learning process. Students should consider the conditions, circumstances and environment surrounding the behavior. Examples of discriminatory, unfair, arbitrary or capricious treatment include, but are not limited to: *

1. Physical
 - a. Physically mistreated causing pain or potential injury
 - b. Pushed/slapped hand (“get out of the way communication”)
 - c. Other forms of physical mistreatment used to express frustration, make a point or get attention
2. Verbal
 - a. Accused
 - b. Threatened/intimidated
 - c. Yelled at/snapped at
 - d. Degraded/ridiculed/humiliated/sworn at/scolded/berated
 - e. Exposed to inappropriate conversation/comments (of nonsexual and nonracial nature)
3. Sexual harassment
 - a. Making sexual comments, innuendo, jokes, or taunting remarks about a person’s protected status as defined in the University’s Nondiscrimination Policy Statement. (referenced in III.c.)
 - b. Making sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature as per the University Sexual Harassment Policy, http://bog.wayne.edu/code/2_28_06.php.
 - c. Ignored because of gender
 - d. Stalking of a sexual nature; i.e. persistent and unwanted contact of any form whether physical, electronic or by any other means.
4. Ethnic
 - a. Exposed to racial or religious slurs/jokes as defined in the University’s Nondiscrimination Policy Statement. (referenced in III.c.)
 - b. Stereotyped
 - c. Neglected/ignored (because of student’s ethnicity)
5. Power
 - a. Dehumanized/demeaned/humiliated (nonverbally)
 - b. Intimidated/threatened with evaluation or grade consequences
 - c. Asked to do inappropriate tasks/scut work
 - d. Forced to adhere to inappropriate work schedules
 - e. Neglect/ignored

*list adapted from Fried et. al, Academic Medicine, Sept 2012



Please note: When one party has any professional responsibility for another's academic or job performance or professional future, the university considers sexual relationships between the two individuals to be a basic violation of professional ethics and responsibility; this includes but is not limited to sexual relationship between faculty and student or between supervisor and student, even if deemed to be mutually consenting relationships. Because of the asymmetry of these relationships, "consent" may be difficult to assess, may be deemed not possible, and may be construed as coercive.

REPORTING MISTREATMENT

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action.

Those who believe they have experienced mistreatment, sexual harassment or discrimination by an administrator, faculty, staff member, student or a teaching hospital or clinic employee can pursue one or more avenues for resolution. Suggested steps for medical students include:

1. **DISCUSS** it with a Wayne State University School of Medicine (WSUSOM) Counselor in the Office of Student Affairs, the Assistant Dean of Student Affairs, the Assistant Dean of Basic Science, the Assistant Dean of Clinical Education, the WSUSOM clerkship/course director, hospital system clinical campus Director of Medical Education, or the Office of Ombuds on main campus. These staff will meet with the student and hear the details of the alleged incident. Students are encouraged but not required to try to resolve the matter by involving a WSUSOM counselor and the Assistant Dean of Student Affairs.
2. **FILE** a School of Medicine Report:
 - a. File a report with the Assistant Dean of Student Affairs using the <https://www.med.wayne.edu/ume-student-affairs/report-student-mistreatment-form/>
3. File an anonymous report via the School of Medicine Care Report Program using the <https://www.med.wayne.edu/ume-student-affairs/report-student-mistreatment-form/>
4. Formally **REPORT** it:
 - a. If the event involves severe mistreatment by another student, the Office of Student Affairs at the School of Medicine will assist the student in filing charges under the University Student Code of Conduct Process <http://doso.wayne.edu/student-conduct/suit/carereport.htm> as per University Policy.
 - b. If the event involves a WSU administrator, faculty or staff, and involves sexual harassment or discrimination the student must also report the incident to the Office of Equal Opportunity <http://generalcounsel.wayne.edu/reportsexualmisconduct.php> who will investigate and respond accordingly. Refer to *University Policy 2005-03 Discrimination and Harassment Complaint Process*.
 - c. If the event involves a WSU administrator, faculty or staff, and does not involve sexual harassment or discrimination the student may also report the incident to the Office of Equal Opportunity.
5. If the event involves clinical faculty/medical personnel (non-university employee) at a clinical campus, the student may also report the event to the Human Resources Department of that Hospital.



All complaints should be filed within 30 business days of the event. A School of Medicine Care Report includes the following:

- Your name (optional)
- Your email (optional)
- Your phone number (optional)
- Date of the event
- Time of the event
- Location
- Statement and description of the alleged event
- Name(s) of person(s) involved
- Witnesses, if any
- Other facts considered to be relevant

RIGHTS OF THE ACCUSER AND ACCUSED

- To confidentiality
- To have the allegations investigated in a thorough and timely manner
- To be informed of the outcome of the process
- To modify a schedule as indicated

If the student is not satisfied with the outcome of their complaint, the student should meet and discuss the issue with the Vice Dean for Medical Education

Medical Students requesting complete anonymity should be made aware that doing so may interfere with the University's ability to investigate the concern and their ability to receive information about the follow up investigation.



WAYNE STATE UNIVERSITY'S NONDISCRIMINATION POLICY STATEMENT

"The University, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. In furtherance of this policy, the University is also committed to promoting institutional diversity to achieve full equity in all areas of University life and service and in those private clubs and accommodations that are used by University personnel. No off-campus activities sponsored by or on behalf of Wayne State University shall be held in private club facilities or accommodations which operate from an established policy barring membership or participation on the basis of race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status, height, weight, disability, or veteran status. Affirmative action procedures, measures, and programs may be used to the extent permitted by law to establish, monitor and implement affirmative action plans for all budgetary units and the University as a whole."

RESPONDING TO CONCERNS OF MISTREATMENT

All complaints will be considered thoroughly and promptly. Every effort will be made to resolve complaints in an expeditious, discreet and effective manner. The University, including the School of Medicine, will attempt to maintain confidentiality to the extent possible within legitimate conduct of an investigation and/or as required by law. Every effort will be made to avoid negative repercussions as a result of discussing an alleged offense and/or filing a complaint.

If a student reports mistreatment through the School of Medicine Student Care Report, the Assistant Dean of Student Affairs will automatically be provided with written notice of reported concerns of mistreatment and will conduct an initial inquiry into the circumstances of the alleged mistreatment. The Assistant Dean of Student Affairs will assist the student in filing a report with the appropriate office. When another student is involved and the Student Code of Conduct Policy has been activated, the University Student Conduct Officer will render a corrective action plan after discussion and collaboration with the Chair of the Professionalism Committee and/or the SOM Assistant Dean of Student Affairs.

Aggregate and de-identified data on reports of mistreatment of Medical Students will be shared with the Vice Dean for Medical Education, The Student Senate, and the WSUSOM Curriculum Committee on an annual basis.

NO RETALIATION

Retaliation is strictly prohibited against persons who in good faith report, complain of, or provide information in a mistreatment investigation proceeding. Retaliation includes behavior on the part of the accused or the accuser and other related persons, including, but not limited to, acquaintances, friends and family members. Individuals who believe they are experiencing retaliation should immediately contact the Assistant Dean of Student Affairs or a WSUSOM counselor so that prompt remedial action can be taken.



REFERENCES

- University Policy 2005-03 Discrimination and Harassment Complaint Process http://oeo.wayne.edu/pdf/discrimination_and_complaint_process_final_old.pdf.
- University Policy Nondiscrimination/Affirmative Action Policy http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf.
- University Sexual Harassment Policy http://bog.wayne.edu/code/2_28_06.php.
- University Student Code of Conduct Policy <https://doso.wayne.edu/conduct/codeofconduct.pdf>



2.14 SAFETY TRAINING - PENDING

2.15 WAYNE STATE SCHOOL OF MEDICINE POLICY FOR THE REMOVAL AND TRANSPORT OF PROTECTED HEALTH INFORMATION (PHI) - PENDING

2.16 WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE EDUCATION RESEARCH POLICY

Please refer to the university research policies: <https://research.wayne.edu/irb/policies-human-research.php>

2.17 STEPPING OUT OF THE MD CURRICULUM SEQUENCE - PENDING

2.18 UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL

During the course of a medical student's education, he or she will come into contact with occupational hazards as a natural consequence of caring for sick patients. Medical students have an increased risk for injuries due to needle sticks or contact with other sharp instruments since they may not yet be skilled in the procedures being performed. At all times, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/guidance than is available, then that student MUST refrain from doing the procedure.

Never attempt a procedure you are uncomfortable performing.

It is the obligation of the School of Medicine to formally educate its students regarding the prevention of occupational injuries. In addition, the school has developed programs by which students who are injured or exposed to blood or body fluids in the course of their training have the knowledge to properly seek care. Such programs are formally presented to students in the first, second and third years of the medical school curriculum. In the event that a student is stuck with a needle or other sharp instrument, or sustains exposure to a body fluid on mucus membranes or non-intact skin, the student must report this to their senior resident, attending physician, or supervising faculty member immediately. As detailed below, a written report must be completed detailing the circumstances of the exposure and the student must notify the School of Medicine's Medical Student Health Officer of the reported incident via email at: healthofficer@med.wayne.edu.

Incidents occurring on the School of Medicine Campus or while participating in University-sponsored activities

1. Enrolled students experiencing an injury, exposure to blood/body fluids or non-personal illness (excludes personal illnesses such as, but not limited to, flu, cold/sinus, etc.) while attending class or participating in University-sponsored activities, such as co-curricular programs, shall receive initial treatment at an University-authorized medical facility as noted below:
 - a. EMERGENCY ISSUES:
 - i. Detroit Receiving Hospital – ER
 - ii. Henry Ford Hospital– ER



b. NON-EMERGENCY ISSUES:

- i. University Health Center (UHC)-4K
 - ii. Henry Ford Medical Center – Harbortown
2. Only the initial treatment/visit necessary for an injury or a school-related illness requiring immediate medical attention will be covered by this policy. The student is responsible for any subsequent treatment.
 3. All injured students must complete a short Wayne State University *Report of Injury* form. This form is available online
 4. NOTE: The Report of Injury form must be submitted within 48 hours of the injury. Completed forms should be submitted to the Medical Student Health Officer at: healthofficer@med.wayne.edu.
 5. The Medical Student Health Officer will forward the form to the WSU Office of Risk Management on the student's behalf.
 6. The WSU Office of Risk Management will cover the expenses of the first emergency department visit as long as the Report of Injury has been submitted to the Medical Student Health Officer within the prescribed 48 hour post injury timeframe.
 7. Any expenses incurred (co-pays, deductibles) based on a failure to adhere to the above process will be the responsibility of the student.
 8. After the initial evaluation and treatment encounter at the clinical institution, the student will subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.
 9. Any questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.

Incidents occurring at affiliated Clinical Site institutions or while on a "Home" required or elective rotation

The medical school has established relationships through the affiliation agreements with all of our Clinical Site facilities (hospitals and ambulatory sites). Specific policies must be followed when an exposure or potential exposure has occurred:

1. A student who sustains an exposure to blood and/or body fluids in the course of a clinical assignment at any of our affiliated clinical institutions should immediately seek care in the designated department of that facility. These departments are listed for each institution on the back of the laminated cards that are distributed at Year 3 Orientation. This list should be kept for potential use during Year 4.
2. If the incident occurs outside of the regular business hours of the institutions designated department the student should receive initial evaluation and treatment in that institution's Emergency Department.
3. A student who suffers an injury or exposure while on a "Home" required or elective rotation that is not taking place at an affiliated clinical site facility (e.g. a rotation taking place in a faculty physician's office) should seek care in the nearest emergency department.
4. All injured students must complete a short Wayne State University Report of Injury form. This form is available online.
5. NOTE: *The Report of Injury* form must be submitted within 48 hours of the injury. Completed forms should be submitted to the Medical Student Health Officer at: healthofficer@med.wayne.edu.



6. The Medical Student Health Officer will forward the form to the WSU Office of Risk Management on the student's behalf.
7. The WSU Office of Risk Management will cover the expenses of the first emergency department visit as long as the Report of Injury has been submitted to the Medical Student Health Officer within the prescribed 48 hour post injury timeframe.
8. When completing paperwork in the emergency department, students should show their laminated card that ensures that Wayne State University will be responsible for the professional and facility charges related to the initial visit for evaluation and treatment in the department.
9. Any expenses incurred (co-pays, deductibles) based on a failure to adhere to the above process will be the responsibility of the student.
10. After the initial evaluation and treatment encounter at the clinical institution, the student will subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.
11. Any questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.

2.19 USMLE REQUIREMENTS: STEP 1, STEP 2 CK AND STEP2CS

National Board of Medical Examiners (NBME) Guidelines

The National Board of Medical Examiners (NBME) sets the passing scores required for each of the USMLE examinations and can change at any time. In addition, the timing, frequency, and location of all USMLE examinations is determined the NBME. Students are responsible for knowing all NBME regulations for taking Step examinations. For example, the NBME states that it may take up to 6 weeks from the time of the examination until a score is posted. Students should plan according to the published reporting schedule when facing School of Medicine deadlines. For Step 1 also note that there is always a delay in reporting scores for examinations taken from the middle of May through the end of June.

The NBME has established limits on the number of examinations per year, the time between examinations, and the total time to complete all steps of the licensing examinations. Refer to the NBME website for their current policies: www.usmle.org/bulletin



Step 1 Testing Deadline: Students have 1 year from the completion of the M2 year to sit for Step 1.” Leaves, delays, etc. do not extend the 1 year timeline. Please refer to promotions policy for further details.

USMLE STEP 1

Policy for Requirements to be eligible to take USMLE Step 1 Examination

Graduation

Successful completion of the United States Medical Licensure Exam (USMLE) Step 1 is a requirement for graduation from the Medical Doctor (MD) program.

Promotion

In accordance with the Wayne State University School of Medicine (WSUSOM) promotions policy, before being promoted to year 3, all students must take a standard-paced Comprehensive Basic Science Self-Assessment (CBSSA) prior to the end of the dedicated study period.

Sitting for Step 1

Prior to sitting for Step 1 students must take a standard-paced Comprehensive Basic Science Self-Assessment (CBSSA) 7-10 days prior to their scheduled date to sit for Step 1, using a WSU-SoM provided voucher. For reference, a CBSSA score of 200 and above is predictive of a passing score on the USMLE Step 1 exam.

Starting and Continuing the Core Clerkship Sequence

- Students must **sit for** Step 1 to **start** Clerkships
- Students must **successfully pass** Step 1 to **continue** their Clerkship rotations.

The Medical Education Program has set forth a **dedicated USMLE Step 1 study period** for all students immediately following the end of the year 2 curriculum. The structure of this dedicated study period utilizes a 3-tiered support system to optimize student success on Step 1. This study period and resources are provided as part of the Step 1 Course.

1: Before sitting for the USMLE Step 1 exam, the following requirements must be met by all students:

- Develop and submit a dedicated Step 1 study plan to the Step 1 Prep Canvas course page.
- Complete a WSUSOM administered Comprehensive Basic Science Exam (CBSE) by posted deadline.
- Complete a WSUSOM standard-paced Comprehensive Basic Science Self-Assessment (CBSSA) using the School of Medicine provided voucher by posted deadline.



2: USMLE Step 1 exam Two-Month Study Elective (alternate 'on-ramp' to beginning the Y3 Core Clerkship Sequence): This elective offers tailored programming for students with one of the following evidence-based at-risk indicators developed by the Academic Advising Committee. These factors include but are not limited to:

- Repeat Year 1 Course
- Year 1 Modified
- Low performance in Y1 (<75% EOY)
- Repeat Y2 Course
- Failed a Year 2 Course
- Low CBSE (<158)
- ≥ 2 PP Unit Failures
- Required to take a re-examination(s) due to one or more Year 2 course failure
- Identified during the Step 1 dedicated study period by scoring < 200 on the CBSSA, thus requiring additional support to optimize success on Step 1

3: Students identified at the end of the Step 1 exam Two-Month Elective Start as requiring additional support will be required to delay for the remainder of the academic year.

A full description of each tier of support is outlined below:

PROCESS:

1: Guidelines to complete Policy Requirements to be eligible to sit for USMLE Step 1 Exam:

A. Development of Step 1 Study Plan

- Students are strongly encouraged to attend a Step 1 Study Plan workshop offered by the Office of Learning and Teaching (OLT) and /or meet with a Step Prep tutor to learn best practices to create an optimized study plan.
- To support the creation of an effective Step 1 Study Plan, rubrics and sample schedules will be posted on the Step 1 Canvas course page.
- The required submission of the Step 1 Study Plan will be reviewed by OLT Learning Skills Specialists and feedback will be provided to each student.

B. Completion of Required WSUSOM Administered CBSE

- A CBSE exam will be administered by the SOM Testing Department. Please check the Year 2 Google Calendar for dates and times.
- CBSE scores are **not** a factor in determining students' final grades for the M2 year.
- CBSE scores **are** used to:
 - provide individualized feedback for students to assist in prioritizing disciplines / subjects to study during their dedicated study period as reflected in their Step 1 study schedule.



C. Completion of Required WSUSOM Standard-Paced CBSSA

- Students are required to take a standard-paced CBSSA using the SOM-provided voucher.
- This exam must be completed 7-10 days before your scheduled USMLE Step 1 date.
 - Students whose final CBSSA score is predictive of a 200 USMLE Step 1 Score or greater are required to take Step 1 by the posted deadline.
 - Students whose final CBSSA score predictive of less than a 200 USMLE Step 1 Score will be **required to enter the Two-Month Study Elective (alternate 'on-ramp' to beginning the Y3 Core Clerkship Sequence)** for additional preparation time.
 - Students whose final CBSSA score is predictive of < 200 USMLE Step 1 Score **are required to reschedule their USMLE Step 1 exam. Students cannot sit for Step 1 until a CBSSA score predictive of a 200 USMLE Step 1 score is reached.**

2: Process for USMLE Step 1 exam Two-Month Study Elective Start

A. Students identified as benefiting from an additional study period will be enrolled in the USMLE Step 1 exam 2-Month Elective based on the following evidence-based at-risk indicators developed by the Academic Advising Committee. These factors include, but are not limited to:

- Repeat Year 1 Course
- Year 1 Modified
- Low performance in Y1 (<75% EOY)
- Repeat Y2 Course
- Failed a Year 2 Course
- Low CBSE (<158)
- ≥ 2 Pathophysiology Unit Failures
- Required to take a re-examination(s) due to one or more Year 2 course failure
- Identified during the Step 1 dedicated block by scoring < 200 on the CBSSA, thus requiring additional support to optimize success on Step 1

Students will be notified by the Chair Academic Advising Committee of their **requirement to enroll** in the elective.



B. Students required to enroll in the 2-month study elective are required to:

- Attend USMLE Step 1 exam 2-Month Study Elective Orientation
- Attend Year 3 Orientation / Hospital Orientation
- Submit a (revised) Step 1 Study Plan informed by their CBSE or most recent standard-paced CBSSA performance profile within the first two weeks of their Extended Step 1 study period.
- Schedule interdisciplinary and/or individual meetings with a member of the academic advising team (i.e. WSU-SoM Counselor, Learning Skills Specialist, as appropriate). These sessions must be signed off by the appropriate faculty / staff member and are designed to develop an enhanced study plan for the dedicated study period.
- Attend content and study-strategy support provided by tutors identified by the SoM
- Complete 1 or more standard-paced Step 1 practice tests (CBSSA) with SoM issued-vouchers, to assess progress during the prep period.
- Complete a final standard-paced CBSSA exam with a WSU-SoM issued voucher 7-10 days prior to sitting for the rescheduled Step 1 examination date.
- Students whose final standard-paced CBSSA score is predictive of ≥ 200 USMLE Step 1 Score or above will be required to sit for the USMLE Step 1 exam.
- Students whose final standard-paced CBSSA score is predictive of < 200 USMLE Step 1 Score at the end of the two month elective will be required to delay for the remainder of the academic year, during which time they will receive individualized support measures designed to optimize their performance both on Step 1 and their M3 clerkship year.

The Medical Education program reserves the right to change any student delaying USMLE Step 1 to a different clinical campus and/or schedule block for their clerkship year.

APPEAL PROCESS:

There are 2 possible appeal types, 1 appeal to drop the required course and 1 appeal to enroll in the course.

Appeal to drop required 2 month study course and sit for Step 1

Students enrolled in the required 2 month study elective Students who score greater than or equal 200 on the required CBSSA may file an appeal with the Academic Advising Committee Chair within 48 hours of score receipt in order to sit for Step 1 during the required dedicated study period. (Link to appeal form [here](#)).

Appeal to enroll in study course

For students who do not meet enrollment policy guidelines may file an appeal with the Academic Advising Committee Chair within 48 hours of score receipt of required CBSSA. (Link to appeal form [here](#)).



3: Process for USMLE Step 1 Required 1 Year Delay

- Students enrolled in the USMLE Step 1 exam 2-Month Study Elective, whose final standard-paced CBSSA score is predictive of < 200 USMLE Step 1 Score will be required to delay for the remainder of the academic year, and will be placed on a required Administrative Leave of Absence.
- Programming content will be individualized for students in the 1-year delay group. Students are **required to take a CBSSA 7-10 days before sitting for Step 1**; those achieving a score predictive of ≥ 200 USMLE Step 1 Score are required to take Step 1 and post a passing score by the target dates within the ALOA period. Students who fail to post a passing score will be referred to the Promotions Committee
- Those achieving a CBSSA score predictive of <200 USMLE Step 1 Score by the target dates within the ALOA period cannot sit for the scheduled Step 1 examination and will be referred to the Promotions Committee.

POLICY VIOLATIONS

All policy violations will be subject to review by Academic Advising Committee including but not limited to an Administrative LOA, referral to the promotions committee for disciplinary action which can include notations on the MPSE and possible dismissal.



USMLE STEP 2

Starting July 1, 2016, all students will be registered for the Step 2 Preparation course. This self-directed learning course is a one-hour credit hour satisfactory/unsatisfactory course that will help provide students with additional structure and medical school resources while preparing for the exam. This course will be administered through the Office of Learning and Teaching.

USMLE Step 2CK (Clinical Knowledge)

All senior students must take Step 2CK by the end of December in the academic year they expect to graduate, and post a passing score by May 1. Students who have not taken the exam by the end of December will be contacted by the Assistant Dean for Clinical Education to discuss noncompliance. Students without a passing score by May 1 will be removed from the list of students participating in graduation. If a student has obtained a residency position, the student must contact the program and notify them of their delay in starting their residency program on July 1.

Students must post a passing score by the date the medical degree is conferred or will be placed on administrative leave. The deadline for students posting a passing score is May 1 of the academic year following the academic year in which the first attempt was made or they will be dismissed. The clock/deadline for a student begins once they begin Year 4 coursework. Students who then choose to decelerate Year 4 coursework do not change the final deadline for passing the Step 2 exams if either Step 2CK or Step 2CS has been taken.

USMLE Step 2CS (Clinical Skills)

All senior students must take Step 2CS no later than the end of October, and post a passing score by May 1. Students who have not taken the exam by the end of October will be contacted by the Assistant Dean for Clinical Science to discuss noncompliance. Students without a passing score by May 1 will be removed from the list of students participating in graduation. If a student has obtained a residency position, they must contact the program and notify them of their delay in starting their residency program on July 1.

Students must post a passing score by the date the medical degree is conferred or they will be placed on administrative leave. The deadline for students posting a passing score is May 1 of the academic year following the academic year in which the first attempt was made or they will be dismissed. The clock/deadline for a student begins once they begin Year 4 coursework. Students who then choose to decelerate Year 4 coursework do not change the final deadline for passing the Step 2 exams if either Step 2CK or Step 2CS has been taken.



2.20 ABSENCE POLICY AND EXPECTATIONS

EXCUSED ABSENCES

The authority to grant or deny an excused absence is the responsibility of the Assistant Dean for Student Affairs, and by delegation to the student's counselor.

An excused absence does not mean that a student is excused from an activity (examinations and other required activities), but rather the student will be allowed to make-up the activity. Excused absences are granted the day of the activity and are based upon an unforeseen circumstance preventing the student from participating. All excused absence requires appropriate documentation.

Students cannot be granted a retroactive excused absence to set aside the results of an examination, nor can the result of an objective examination be appealed to a course or clerkship director. Students who get sick during an examination, and bring it to the attention of a testing proctor, will be handled on an individual basis.

LIMIT ON NUMBER OF EXCUSED ABSENCES

Due to the intense nature of the requirements for academic progression with the medical education curriculum, no more than 6 excused absences from examinations (including make-up exams) will be granted in a given academic year.

Excused absences will be monitored and students who fall 3 exams behind or have more 6 requests for an excused absence in an academic year must meet with the Assistant Dean for Student Affairs for evaluation of their status. Depending on the evaluation of the Assistant Dean for Student Affairs, the student may be placed on an administrative leave of absence or may be referred to the Promotions Committee.

ILLNESS

A student who is ill on the day of an examination or other required activity, and who is unable to participate in the activity is required to contact the Office of Student Affairs **prior to the start of the activity**. The nature of the illness needs to be specified and an excused absence requested. An excused absence for illness will **not** be granted unless the student obtains a medical verification note from an appropriate health care provider. This note must be provided to the Office of Student Affairs as soon as the student is medically able to return to school. A student may not obtain a medical verification note from a healthcare provider who is a member of his/her family.



RELIGIOUS HOLIDAYS

Because of the extraordinary variety of religious affiliations of the University student body and staff, the SOM Academic Calendar makes no provisions for religious holidays. However, it is University policy to respect the faith and religious obligations of the individual. Requests for an excused absence from an exam must be made through the Office of Student Affairs. Students whose classes, clerkships or electives conflict with their major religious holidays are expected to submit in writing their request for time away due to religious holidays to the course, clerkship or elective director on the first day of the course, clerkship or elective, with a copy of the request forwarded to his/her counselor.

2.21 N95 RESPIRATOR MASK FIT REQUIREMENTS FOR MEDICAL STUDENTS**RESPIRATOR FIT TESTING POLICY**

All medical students are required to be fit tested to wear a 3M—N95 Respirator before beginning Year 3 clinical rotations, generally in the late winter or early spring of Year 2. The fit testing program is coordinated and scheduled by the School of Medicine and takes place at the school. This fit testing is required by our clinical training sites as part of their infection control policies and/or respiratory protection programs in compliance with the Federal Government's OSHA Standard 29 CFR 1910.134.

N95 Respirators provide protection against aerosols and droplets that might contain bacteria, viruses, or other pathogens. They are required for personnel who are caring for specific patients such as those with tuberculosis or those with influenza who are undergoing procedures that might generate aerosols—for which regular surgical masks do not provide protection. N95 Respirators may also need to be worn by certain healthcare personnel who require a higher level of protection or by all personnel during times of a serious outbreak of an airborne infectious disease.

Students who decline respirator fit testing may be subject to one or more of the following actions that may be taken by our clinical training sites:

1. Exclusion from participating in some or all clinical training activities at their sites; or
2. Requiring the student to use and/or purchase for use a Powered Air Purifying Respirator (PAPR), which consists of a mask, headgear/hood, and battery powered blower unit (if available); or
3. Other restrictions imposed by the clinical training site(s) in accordance with their individual institutional infection control policies or respiratory protection programs.

Questions regarding this policy should be addressed to the Medical Student Health Officer at healthofficer@med.wayne.edu.



2.22 SCHOOL OF MEDICINE DRESS CODE GUIDELINES FOR THE CLINICAL SETTING - *Pending***2.23 SCHOOL OF MEDICINE CRIMINAL BACKGROUND CHECK POLICY*****CRIMINAL BACKGROUND CHECK AND MICHIGAN PUBLIC SEX OFFENDER REGISTRY CHECK GUIDELINES******PURPOSE***

In an effort to enhance the safety and well-being of patients and to ensure that students can become state licensed physicians¹, the American Medical Colleges (AAMC) has recommended to medical schools the need to conduct criminal background checks on all matriculating and enrolled medical students. In addition, no individual who is on the Michigan Public Sex Offender Registry is allowed to work with or be in the proximity of children.

POLICY

1. All matriculating students must have a criminal background check prior to Year 1 registration.
2. All enrolled students promoted from year 1 to year 2 and year 3 to year 4 are required to complete and submit an attestation form certifying that they have not been convicted of a felony.
3. Prior to registration for year 3, students are required to submit information for a criminal background check that the school will have performed by an outside vendor. Additionally, Year 3 students will be checked against the Michigan Public Sex Offender Registry (PSOR). Any student, who either self-reports a felony and/or one is revealed by the criminal background check, will follow the review process and will not be allowed to register for coursework until approval is granted by the Chair of the Criminal History Review Committee (CHRC). Any student who is on the PSOR list will be immediately removed from the clinical setting and placed on administrative leave until their enrollment status is determined.
4. Any student whose background check contains a felony conviction will be referred to the CHRC. This committee will review the felony conviction report and allow the student an opportunity to address any erroneous information and clarify the report.



PROCESS

1. The School of Medicine will convene a Criminal History Review Committee (CHRC) that will review and respond to reports of felony convictions and/or a student's registration on the Michigan Public Sex Offender Registry. The Chair of the Promotions Committee will chair the CHRC. The committee will consist of the following members: the associate dean of undergraduate medical education, the assistant dean of student affairs and career development, and a faculty member currently appointed to the promotions committee. The CHRC is staffed by the chief administrative officer of the Office of Medical Education.
2. Applicants who are offered a spot in the incoming class will be required to obtain a criminal background check at their own expense using the services of Certiphi Screening Incorporated. Certiphi will create a Wayne State University profile that will only screen for convictions and conviction-equivalent adjudications/felonies. When the background check is completed, Certiphi will release the information to the applicant for review. Once the applicant's review is completed, the applicant must release the report to Wayne State University School of Medicine.
3. If upon completion of the background check report, an applicant is found to have a felony conviction, the report will be reviewed by the CHRC. In the case of current student who self-reports a felony on their attestation sheet, the CHRC will order a criminal background check for review.
4. Applicants and students with reported felony convictions will meet with the CHRC. The applicant/student will have an opportunity to provide written documentation to respond to the report. Applicants/students will have 5 business days following notification from the medical school of the felony to provide any information about the circumstances surrounding the felony conviction. The CHRC review will include the severity of the felony conviction, age that the felony occurred and the time that has elapsed since the conviction.
5. If the CHRC finds the severity of the felony impacts the applicant's ability to meet the technical standards because they will not be able to participate in the clinical portion of the medical education program, the CHRC will recommend the Office of Admissions rescind the offer for a spot in the medical school. Current students whose severity of felony conviction will not allow them to progress in the medical education program will be referred to the School of Medicine's Promotions Committee with a recommendation for dismissal.
6. To maintain confidentiality, a student's felony conviction report and any supporting documentation will be retained and stored in a secure manner. The file will be kept in the office of Records and Registration separate from student academic files. Upon graduation, withdrawal, or dismissal, the file will be destroyed.

Guidelines obtained from the Michigan Department of Health and Human Resource website:
<http://www.michigan.gov/mdch>



2.24 SCHOOL OF MEDICINE ENROLLMENT POLICIES

ENROLLMENT STATUS

In general, each student is considered enrolled from the time of matriculation into medical school until the time of graduation and must maintain a student status eligibility category. Enrolled students are considered to be in good academic standing. In some circumstances enrollment may be interrupted temporarily or be terminated for a number of reasons, including:

DISMISSAL

Dismissal is a permanent, involuntary removal of a student from medical school. Dismissal can occur in two ways. A student can be administratively dismissed, or dismissed by the Promotions Committee.

Administrative Dismissal

Administrative dismissals occur when a student has failed to meet the academic standards of the School of Medicine as approved by the Promotions Committee in one of the following ways:

1. A student does not complete the medical education program within seven (7) years of the year of matriculation.
2. In Year 1 and 2:
 - a. A student does not begin and/or complete repeated coursework as scheduled.
 - b. A student does not achieve a grade of satisfactory in a **repeated** course or a **repeated** Pathophysiology unit.
 - c. A student does not pass USMLE Step 1 within one (1) year beginning on June 30 of the year of completion of Year 2 coursework.
 - d. A student violates professional standards.
3. In Year 3 and 4:
 - a. A student fails any two required clerkships/Year 4 required clinical rotations.
 - b. A student has two clinical evaluation failures of a Year 3 clerkship/Year 4 required clinical rotation, or a second clinical evaluation failure of a single clerkship/Year 4 required rotation.
 - c. A student fails any single required clerkship three times by failing the subject exam on the third attempt.
 - d. A student does not pass USMLE Step 2 CK or CS within one (1) year after the completion of Year 4 coursework.
 - e. A student violates professional standards.



Students administratively dismissed by the Associate Dean for Undergraduate Medical Education for academic reasons can appeal to the Vice Dean for Medical Education. Students deciding to appeal must have a full appeal letter submitted to the Office of Records and Registration within 10 business days of the dismissal notification. The Vice Dean for Medical Education, as the Chair of the Promotions Committee, is the final arbiter of administrative dismissals for the School of Medicine. Students deciding to appeal the decision of the Promotion Committee Chair must submit a written request to the Wayne State University Office of the Provost.

<https://provost.wayne.edu/academic-policy>

A student who is administratively dismissed due to failing a repeated course, failing an NBME exam for the third time or a second clinical failure cannot appeal this final grade to the Provost prior to the School of Medicine administrative dismissal procedures. The appeal process for administrative dismissals supersedes the normal grade appeal policy contained elsewhere in this manual, as this final failing grade directly leads to the administrative dismissal. A student can, however, in this special circumstance, include a grade appeal as a part of his/her appeal of the dismissal to the Vice Dean for Medical Education (submitted to the Office of Records and Registration). Such a “bundled” appeal can then have a final appeal to the Provost (as a part of the dismissal appeal process) if the appeal of the grade/resulting dismissal is denied by the Vice Dean for Medical Education.

Dismissal Action of the Promotions Committee

Students can also be dismissed by the Promotions Committee. This action would occur if the Promotions Committee determines that a student’s overall academic performance, which includes the student’s overall professionalism performance, has fallen below the School's standards. A determination to dismiss a student by the Promotions Committee can be made at any time in the academic year or during the student’s career in medical school. A request for consideration of student dismissal by the Promotions Committee can be made by the Dean, Vice Dean for Medical Education, Chair of the Promotions Committee, Associate Dean for Undergraduate Medical Education, Assistant Dean for Student Affairs and Career Development, the Assistant Dean of Pre-Clerkship Education, the Assistant Dean for Clinical Education, the Professionalism Committee, or the Criminal History Review Committee.

In all instances where a dismissal is being considered by the Promotions Committee, the student will be given notice and an opportunity for a hearing in front of the Promotions Committee before a final decision is made.

WITHDRAWAL

All students who have been academically dismissed, whether administratively or by the Promotions Committee, are given up to ten (10) business days to voluntarily and permanently withdraw. The offer to withdraw becomes null and void if the student elects to request reconsideration of the dismissal to the Chair of the Promotions Committee.

Withdrawal is a permanent, voluntary termination as a medical student initiated by the student him/herself. Students wishing to withdraw must submit a written request to the Assistant Dean for Student Affairs and Career Development, including in the request the statement that the student understands that withdrawal is voluntary and permanent. A student cannot avoid disciplinary action or academic hearing procedures through a request to withdraw. However, the Promotions Committee may allow a student to withdraw prior to the completion of such hearings or an action to dismiss.

Students who are dismissed for academic misconduct do not have the option of withdrawal.



LEAVES OF ABSENCE

A leave of absence (LOA) is a temporary interruption of enrollment status. For a thorough explanation of the leave of absence policy and its impact on a student's status or financial aid, please review the policy posted at:

<https://studentaffairs.med.wayne.edu/loa-process>

At any time during medical school, a student may request a leave of absence. All requests for leaves of absence must be submitted in writing and signed and dated. The request should be submitted on the Leave of Absence Request form to the Assistant Dean of Student Affairs.

To obtain a leave, please review the leave of absence policy in full. After careful review, please set up an appointment with your assigned counselor to discuss the leave of absence request. During the meeting with their counselor, a student will complete the Leave of Absence Request form. This completed form must be signed off by the Office of Financial Aid for all students.

Exception to written, signed and dated requests; if unforeseen circumstances prevent a student from providing a prior written request the School of Medicine may grant the student's request for a leave of absence. The School of Medicine must document this decision and collect the written request at a later date.

Five types of LOA's

The first is an administrative LOA, which a student is placed on by the medical school administration as described below under Administrative (ALOA).

Students may also request an LOA for personal, medical, education, or financial aid reasons. Leaves of absence are approved by the Assistant Dean for Student Affairs and Career Development. A formal written request for a leave of absence must be made to the Assistant Dean for Student Affairs and Career Development. A leave of absence is discretionary by the Assistant Dean and will only be granted where reasonably necessary. Once placed on a leave of absence, the student remains on leave until they are approved to return and begin course work. A leave of absence does not retroactively nullify course failure.

All leaves of absence are part of the student's official record. The leave type, start and end date are entered into the Wayne State University School of Medicine information system (Banner) and recorded on the official transcript. The leave of absence information is recorded in the MSPE (Medical Student Performance Evaluation) when applying for residency and reported to the AAMC {Association of American Medical Colleges} Student Records System.

Leave of Absences count toward the School of Medicine's 7-year limit for completion of all M.D. degree requirements. The exception to this requirement is approved educational leaves of absence.

Any leave of absence from the M.D. program will be included in the maximum time frame calculation when determining Satisfactory Academic Progress for Title IV financial aid eligibility purposes.

Once a leave of absence is approved, Wayne State University School of Medicine has a reasonable expectation that you, the student will return to the M.D. program. This is recorded on the Leave of Absence Request Form.

The number of days in the leave of absence will be counted with the first day of the initial leave of absence within a 12-month period.

The 12-month period begins on the first day of the initial leave of absence. The duration of a leave of absence is not to exceed one year.

Students placed on ANY leave of absence will be considered withdrawn from coursework and will be reported to NSLDS (National Student Loan Data System) as withdrawn.



Students who do not return from a leave will be dismissed from medical school at the point in which the leave was granted and will be reported as withdrawn.

Failure to return from a LOA may impact your Direct Loan, Perkins, and/or Loans to Disadvantaged Students repayment terms.

Most federal loans will enter repayment once you withdraw from school. The grace period on your loan is a set period of time after you graduate, leave school or drop below half-time enrollment before you must begin repayment on your loan. Not all federal student loans have a grace period. For most loans, interest will accrue during your grace period.

For more information on loan repayment and grace periods, please visit: <https://studentaid.ed.gov/sa/repay-loans/understand#when-begin>

Administrative (ALOA)

An administrative leave of absence is a WSUSOM-initiated leave of absence due extended delay in taking the United State Medical Licensing Examinations (USMLE), failure of a United States Medical Licensing Examinations (USMLE) or other academic/professionalism reasons. A student may also be placed on an administrative leave of absence while under investigation by the Professionalism Committee .

Educational (ELOA)

Only students who have passed all attempted courses/clerkships and the USMLE exams on the first attempt and are in good academic standing in medical school will qualify for an ELOA. An ELOA will only be considered if the student is enrolled in a formal degree granting program, or NIH or other externally funded fellowship/research program. Dual enrollment in the school of medicine medical education program and a second degree granting program is not allowed. A student's written request should specify the educational program of study and the beginning and end dates of the leave. Supporting documentation indicating acceptance into the other educational program must be submitted. ELOAs are granted a year at a time and a reapplication must be made for each additional year of leave. Proof of satisfactory progress in the other education program is required for consideration of an extended ELOA. In order to return from an approved ELOA, the student must confirm the expected date of return as outlined in the leave letter before returning to his/her medical studies.

Personal (PLOA)

A student's written request should specify the beginning and end dates of the leave. Students must also complete the Leave Checklist found on the [Student Affairs website](#). In order to return from an approved PLOA, the student must confirm the expected date of return as outlined in the leave letter before returning to his/her medical studies.



Medical (MLOA)

A student's written request for a MLOA requires authorization from a licensed health care professional certified to treat the specific illness, indicating that the student is not able to perform the functions and responsibilities of his/her medical studies for a specified period of time. The certification letter must state the beginning and end dates for which the MLOA is deemed to be medically necessary. Students must also complete the Leave Request form found on the Student Affairs website. In order to return from an approved MLOA, the student's health care provider must affirm in writing that the student is fit to return to his/her medical studies. Such notification must be received as outlined in the leave letter before the anticipated return to school. Health providers who are family member may not provide the certification letter.

Financial (FLOA)

A student may be placed on an FLOA if they are unable to pay tuition and fees as required by University policies. Account balances also result in a university hold that will prevent a student from participating in scheduling and registration for medical school.

STUDENTS REMEDIATING USMLE STEP 1 FAILURE (SPECIAL MATRICULATION)

Students who are remediating USMLE Step 1 failure must meet with the Office of Learning and Teaching and their counselor to determine next steps. Students have a choice between being enrolled in a "Special Matriculation" Course or taking an Administrative Leave until they successfully passed Step 1. If they choose "Special Matriculation", they will be enrolled as a part-time Year 2 student in a Step 1 directed study course at one credit hour per month until December 31 or until they pass Step 1, whichever comes first. Enrollment in the "Special Matriculation" course allows a student access to academic and administrative resources to assist in the successful completion of Step 1. If a student has not passed Step I by December 31, they are placed on an Administrative Leave of Absence until they pass the exam. If a student enrolls in "Special Matriculation", they are assessed tuition and fees for this course.

Students should contact Financial Aid regarding any change to their financial aid status. Students may not resume Year 3 course work nor can they participate in the Year 3 lottery until they have a passing score on USMLE Step 1.

ELIGIBILITY TO PARTICIPATE IN EDUCATIONAL PROGRAM

Only those students who have completed registration for the academic year, including the payment of all required tuition and fees, are permitted to participate in school of medicine educational programs. Students with unpaid balances may be dis-enrolled from coursework and placed on a financial leave of absence. Students with holds will not be allowed to register or to participate in the scheduling process for the next academic year.



HEALTH AND DISABILITY INSURANCE REQUIREMENT

All medical students are required to have health and disability insurance as a condition of their enrollment in the medical school. Following the lead of many other medical schools across the country, the Wayne State University School of Medicine has negotiated a very comprehensive group health plan on behalf of our students and has made it mandatory at a market comparable price. This policy, through Blue Cross/Blue Shield of Michigan, is mandatory because we believe it to be the best value available in terms of the benefits package for the premium being charged. The benefits have been adjusted each year to meet the needs of the students based on student input through the Student Senate and based on an annual review of utilization. All students will be enrolled in the Blue Cross Blue Shield of Michigan (BCBSM) Group Health Benefits Plan, unless they are eligible for a waiver as described in the health insurance packet.

Students who are found to be out of compliance with this policy will be dis-enrolled from medical school.

PROHIBITION FROM PARTICIPATION IN SCHOOL ACTIVITIES

To ensure success, students who are on a leave of absence of any type are not permitted to participate as Senate or class officers, hold leadership roles in student organizations, sit on medical school committees, participate in school activities requiring registration, participate in extra-curricular international travel projects or programs, represent the school at any conferences or participate in co-curricular programs.

It will be at the discretion of the various committees as classes as to how they wish to re-assign the duties of the officer or committee after their absence.

At the discretion of the Assistant Dean of Student Affairs, students may be prohibited from participation in other activities not specified here.

For students who are on a leave of absence one month or less, their continued participation on committees or as officers will be considered on a case-by-case basis by the Assistant Dean of Student Affairs.

DIS-ENROLLMENT FROM COURSEWORK

Students who withdraw, have approved leaves of absence, or are not approved for the Modified Program will be dropped from scheduled coursework. The School of Medicine may cancel some or all classes due to failure to pay assessments.

SEVEN-YEAR LIMIT TO COMPLETE ALL DEGREE REQUIREMENTS

Beginning with the matriculating Class of 2015, there is a 7-year limit on the time that students have to complete all M.D. degree requirements. The 7-year limit includes participation in the modified program, leaves of absences, repeating coursework, and remediating USMLE examinations. The Vice Deann for Medical Education has the discretion to grant extensions.

Any leave of absence from the M.D. program will be included in the maximum time frame calculation when determining Satisfactory Academic Progress for Title IV financial aid eligibility purposes.

For M.D./Ph.D. students, the time working on the Ph.D. is not counted toward the 7-year limit for the M.D. requirements.



ELIGIBILITY FOR FEDERAL FINANCIAL AID: SATISFACTORY ACADEMIC PROGRESS

The Promotions Committee at the School of Medicine determines each student's Satisfactory Academic Progress (SAP) at least on an annual basis. Responsibility for the ongoing monitoring of academic progress of students is the Associate Dean for Undergraduate Medical Education or his/her delegate, who reports academic deficiencies to the Chair of the Promotions Committee.

The academic requirements for the M.D. degree include satisfactory completion of the curriculum designed and implemented by the faculty. The definition and implementation of the Schools' Satisfactory Academic Progress policy applies to all students and complies with the federal eligibility requirements through Title IV for students to receive federal student financial aid. Satisfactory Academic Progress is defined qualitatively and quantitatively (pace).

Satisfactory Academic Progress is defined as receiving at least a satisfactory grade in all enrolled courses. A satisfactory grade is equivalent to a letter grade of B and an honors grade (Year 3) is equivalent to a letter grade of A (federal guidelines require a C or better). Students with a satisfactory grade in all courses at a given level (M1, etc.) are considered to be making SAP. Students with unsatisfactory performance are reviewed by the Promotions Committee to determine whether they will be allowed remediation or will be dismissed from medical school. Remediation of failed courses may result in a schedule which deviates from the norm, as approved by the Promotion Committee. A student must successfully remediate all coursework in the order scheduled in order to be considered as making satisfactory academic progress.

The majority of students take 4 years to complete the M.D. degree. Students with the approval of the Assistant Dean for Pre-Clerkship Education, can decelerate the first year of medical school through our Modified Program, which allows for completion of all degree requirements in 5 years. According to Federal Financial Aid guidelines, students are expected to complete all degree requirements in 6 years (150%) from matriculation for eligibility. For students in the combined M.D./Ph.D. program, the SAP policy only applies to the time they are enrolled in medical school portion of training.

For purposes of determining a student's progress, Years 1 and 2 are combined and Years 3 and 4 are combined. Off-track students are further expected to complete Years 1 and 2 in three years, and to complete Years 3 and 4 in three years (totaling 6 years).

The normal period of enrollment at the School of Medicine is 4 years (4 academic terms). For customary academic progress a student will complete satisfactorily:

- After the first academic term -- 50 credit hours; (Year I)
- After the second academic term - 101 credit hours; (Years 1 and 2 combined) and pass USMLE Step 1
- After the third academic term - 150 credit hours; (Years 1 through 3 combined)
- After the fourth academic term - 202 credit hours; (Years 1 through 4 combined) and pass USMLE Step 1, Step 2CK and USMLE Step 2CS

Since the Promotions Committee may give approval for an individual student to repeat a portion or all of a school year, the required number of credit hours to be completed at the end of each enrollment period will vary in these cases.



TITLE IV DISBURSEMENT ISSUES AND FINANCIAL AID PROBATION

Students who are required to repeat failed coursework are deemed to not be making SAP and will be placed on financial aid probation as a condition of being allowed to repeat coursework. In the academic term immediately following the term where a student does not make SAP, Title IV funds may be disbursed under the following conditions:

1. The student submits a formal appeal form to the Financial Aid Office, along with a personal statement explaining the extenuating circumstances which caused the failure to meet SAP and detailing what has changed that will ensure success in the future (forms are available on the Financial Aid website)
2. The School of medicine develops and submits a written academic plan that, if followed, will ensure that the student is able to meet SAP by a specific point in time (to be submitted along with the appeal).

Compliance with the academic plan is monitored on an ongoing basis. A student who does not comply with each remediation standard at any point during the probationary period will be suspended from Title IV financial aid eligibility at the conclusion of the probationary period.

Students re-establish financial aid eligibility by successfully completing each remediation requirements.



3. CURRICULUM

In this section:

- 3.1 CURRICULUM SCHEMATIC
 - 3.2 ACADEMIC CALENDAR
 - 3.3 ACADEMIC REQUIREMENTS FOR GRADUATION
 - 3.4 SCHOLARLY CONCENTRATION REQUIREMENT
 - 3.5 REQUIRED PRE-CLERKSHIP COURSES
 - 3.6 CALENDAR OF CLERKSHIP PERIODS
-



3.1 CURRICULUM SCHEMATIC - *PENDING*

3.2 ACADEMIC CALENDAR - *PENDING*

3.3 ACADEMIC REQUIREMENTS FOR GRADUATION – *PENDING*

3.4 SCHOLARLY CONCENTRATION REQUIREMENT - *PENDING*

3.5 REQUIRED PRE-CLERKSHIP COURSES - *PENDING*

3.6 CALENDAR OF CLERKSHIP PERIODS - *PENDING*



4. ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE

In this section:

- 4.1 HEALTH PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT
 - 4.2 EVALUATION OF PERFORMANCE IN COURSES
 - 4.3 TESTING POLICIES
 - 4.4 STANDARDIZED PATIENT TEACHING AND ASSESSMENT
 - 4.5 MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)
-



4.1 HEALTH PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT

Non-Involvement of Providers of Student Health Services in Student Assessment or Promotion:

- The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student are prohibited from having any involvement in the academic assessment or promotion of the medical student receiving those services.
- All breaches of this policy, actual or suspected, must be reported and will be investigated by the Associate Dean of Student Affairs.

4.2 EVALUATION OF PERFORMANCE IN COURSES

YEAR 1 ASSESSMENT POLICIES

Curriculum Overview

The Fundamentals of Medicine, Health, and Community curriculum is comprised of three required elements: Fundamentals of the Healthy Patient which will include a research competencies thread, a Population, Patient, Physician and Professionalism (P4) curriculum that will encompass the social and behavioral science knowledge required of a 21st century physician and a Clinical Competencies component. Students in good academic standing may also enroll in electives.

Assessment Philosophy

The assessment philosophy of the Fundamentals of Medicine, Health, and Community curriculum is that of the self-directed learner. The self-directed learner is a medical student that 1) takes ownership of their learning process, and 2) views learning as a life-long process that starts before and will extend beyond medical school. Based on this philosophy, the year 1 assessment program has three tenants. First, assessment is primarily formative. A majority of the assessment that is conducted in the first year is intended to provide immediate and meaningful feedback to the learner in order for them to understand their learning strengths and weaknesses in order to adjust their studies accordingly. It also allows for faculty and those involved in academic support to monitor individual students and the class in order to provide appropriate support. Second, assessments are diversified across the curriculum. Assessments include multiple choice questions (e.g., clinical vignettes, laboratory vignettes), faculty assessment, peer assessment, reflective essay and other formats that are suited to the different outcomes being measured. The purpose of having diverse assessment methods is to complement the diverse instructional formats (e.g., case based learning, team based learning, problem based learning, lecture, laboratory) that are utilized in the first year curriculum. Finally, assessment in the clinical setting is competency based. Compared to a traditional time-based assessment of clinical skills, competency based assessment is focused on the development of each learner as it relates to specific clinical skill outcomes.



FUNDAMENTALS OF THE HEALTHY PATIENT CURRICULUM ASSESSMENTS (a.k.a. Basic Sciences)**Formative Assessment (Multiple Choice quizzes)**

In order for students to monitor their performance in the pre-clerkship curriculum and to develop their own learning plans, they are required to complete formative multiple choice question (MCQ) assessments (i.e., quizzes) as part of the pre-clerkship Advanced Learning Skills, Foundations, and organ system units. Quizzes will be provided on a weekly basis. Once the quiz is posted, students will have 48 hours to complete the quiz using either their own personal computer or one of the computers in the Scott Hall MD lab or Mazurek computer lab. Once quizzes are completed, students will be provided individualized feedback on their performance including performance by topic and subject area. An academic support plan will be developed for low-performing students. In order to be consistent with summative MCQ exams and the USLME STEP 1 exam, all quizzes will be timed at 1.5 minutes per question. The completion of quizzes and other assignments are a curricular requirement. Failure to comply with these requirements may result in an unprofessional behavior citation and will impact promotions decisions.

Formative Assessment (Narrative Evaluation)

Small group and self-directed learning experiences in the pre-clerkship Fundamentals of the Healthy Patient curriculum will be evaluated using narrative assessment. Small group facilitators, or peers in the Gross Anatomy lab, will use a narrative assessment form that includes the following domains ranked by a Likert Scale with written comments to support the numeric score:

1. Preparation
2. Participation/ communication skills
3. Quality of work
4. Self-directed/lifelong learning
5. Clinical reasoning/problem solving
6. Professionalism with members of the team
7. Professionalism: professional behavior, demeanor, and work ethic
8. Professionalism: ethics and interpersonal relationships with patients, standardized patients, cadavers or families (if applicable)

For those curricular elements that require the submission of written reports or an oral presentation (e.g., First Patient) narrative assessment of these assignments will be provided by the faculty mentor.

Narrative evaluation will be used as formative assessment throughout the pre-clerkship Fundamentals of the Healthy Patient curriculum for the purpose of determining if the student is meeting academic and professional identity goals. Opportunities for remediation will be identified to the academic support and personal counselors. Failure to achieve goals developed by the pre-clerkship curriculum directors may result in an unprofessional behavior citation and will impact promotions decisions.



Summative Assessment (NBME Exams)

A summative multiple choice question (MCQ) assessment will be given at the end of each basic science unit (e.g., Advanced Learning Strategies, Foundations of Normal Structure and Function, Musculoskeletal System, Cardiopulmonary System, Gastrointestinal and Renal/Urinary Systems, Reproductive/Endocrine and Blood/Lymph Systems, Central Nervous System). Each assessment will be administered through the National Board of Medical Examiners (NBME) customized assessment program. Each assessment will be blueprinted to the pre-clerkship curriculum outline by the unit directors. -

Additionally, a comprehensive end-of-year summative MCQ assessment will be given at the end of the year 1 curriculum. The assessment will be administered through NBME customized assessment program and will be blueprinted to the year 1 curriculum. Performance on the comprehensive NBME will combined with the summative unit assessments and used for promotions decisions.

Passing scores on all NBME exams will be determined by a committee of pre-clerkship unit directors who will review the de-identified performance of the class compared to national performance standards in order to determine the minimum passing score.

An additional form of summative assessment that is provided as part of the basic science curriculum are the Gross Anatomy practical examinations. Three specific examinations will occur throughout the year and will cover materials presented during Gross Anatomy labs:

- Practical exam 1 represents material covered in labs 1-10 (musculoskeletal system) and occurs at the end of the Musculoskeletal system unit.
- Practical exam 2 represents material covered in labs 11-20 (visceral systems). These labs are spread across Cardiopulmonary, Gastrointestinal, Renal Urinary, and Reproductive Endocrine units. The exam occurs at the end of the Reproductive Endocrine systems unit.
- Practical exam 3 represents material covered in labs 21-30 (head & neck) and occurs at the end of the Central Nervous System unit.

Passing scores on practical exams will be determined by the Gross Anatomy discipline director upon review of de-identified examination performance data. These scores will be weighted and combined with the summative NBME assessments for the corresponding units.

Minimum passing requirements for these other forms of summative assessment will be determined by a committee pre-clerkship curriculum directors upon review of de-identified class performance data.



POPULATION, PATIENT, PHYSICIAN AND PROFESSIONALISM COURSE ASSESSMENTS

Formative Assessment (Written Assignments and Narrative Evaluation)

Formative assessment is continuous throughout the P4 course. In the small groups, students receive feedback on their performance from the small group leaders and their peers. Additionally, students will receive a formative narrative assessment from their small group leader in January. Small group leaders are encouraged to meet individually with students if possible to review the assessment. Finally, students who are below 70% in assignment points at the midpoint of the course will be notified so that they have an opportunity to improve their scores by the end of the year.

Summative Assessment

Students will be provided with multiple summative assessments during the P4 course. Students are required to complete a series of reflective essays, assignments, narrative assessments, a service learning project, OSCE and multiple choice exams as part of their summative assessment in the course. Refer to the course syllabus for a breakdown of how each summative assessment contributes to the final course grade and the point value of each assessment.



4.3 TESTING POLICIES

WSUSOM EXAMINATION POLICIES (YEARS 1 – 4)

1. Exam materials both written and electronic are property of Wayne State University School of Medicine. Students are not allowed to possess these materials outside of a secure testing facility nor are students allowed to transmit information regarding these materials. Such behavior is considered academic misconduct and may result in a referral to the University Code of Conduct Office.
2. During the examination process, including post exam reviews, testing facilities are to be secure, which means that students are not allowed to possess non-permitted items on their person, at their seat, or in the testing facility. All non-permitted items are to be stored in a student's locker. Items are NOT to be stored in the examination facility or adjacent hallway during the examination process. Storage of these materials on the floor constitutes a fire hazard and not allowed. A student may be asked to leave the testing facility if they are seen with a non-permitted item. Permitted and non-permitted items include the following:
 - a. Permitted Materials
 - i. Exam packet (envelope, exam booklet, scantron, images), if applicable
 - ii. A non-alarmed watch
 - iii. Pencils
 - iv. Erasers
 - v. WSU student ID
 - vi. Earplugs
 - vii. Beverage
 - viii. Wallet or Purse – However, these items must be stored in your pocket or under the seat.
 - b. Non-Permitted Materials
 - i. Electronic devices that can transmit, store, or receive information including but not limited to cellular phones, pagers, cameras, laptops, tablets, ipads, ipods or electronic organizers. Students may be allowed to store electronic devices in the testing facility at the discretion of the Testing Office. For examinations in 309, 324 or 325 MEC, these devices are to be stored on the countertops in the off position. Students are not allowed to have an electronic device on their person at any point during the examination process.
 - ii. Large/bulky coats
 - iii. Backpacks, satchels, luggage or briefcases
 - iv. Food – Students are not allowed to consume food in the testing facility during an exam.
 - v. Reference materials (e.g., books, notes, papers)
 - vi. Hats and hoods – Students wearing brimmed hats must remove them or turn them backwards. Students wearing hoods must remove them. Students are permitted to wear religious or cultural head attire (e.g., turban, hijab, yarmulke) as long as it does not interfere with the examination process.



- c. The length of all WSUSOM internally developed exams is based on the number of items (i.e., questions). For each item, 1.2 or 1.5 minutes is allotted plus an additional 10 minutes for citations (if applicable). The determination of item timing is based on the discretion of the course director. The total length of the exam is rounded up to the next minute. The length of external exams (e.g., NBME sponsored exams) and laboratory exams might be different.
- d. The official start time of all WSUSOM exams is defined in the class calendar. Students will be allowed into the testing facility 20 minutes prior to the start of each exam. The exam will begin with the reading of instructions at the designated start time.
- e. Students that show up after the start of the exam are not allowed to sit for the exam at that time. Proctors will inform the student that they must report to their counselor in the Office of Student Affairs to request an excused absence. If the counselor grants an excused absence, the student will take the exam on the next scheduled make-up date.

ABSENCE FROM AN EXAM (YEARS 1 – 4)

In some instances it might not be possible for a student to be present for an examination due to either a serious health problem or other unavoidable circumstances. It is at the discretion of the student's counselor in the Office of Student Affairs to grant or deny an excused absence for an examination. An excused absence permits the student to take a make-up examination at the scheduled make-up date. See section on Excused Absences for further information.

MAKE-UP EXAMINATIONS (YEARS 1 – 4)

An examination of comparable content is administered to students who have an excused absence. At the time of the make-up examination, the item citation process has concluded, therefore students taking these exams cannot participate in the item citation process.

Any student that is granted an excused absence from the original exam will be allowed to participate in the make-up exam. If a student misses the make-up exam, a grade of zero will be entered for that exam and the student must go through the grade appeal process.

Years 1 & 2

For Years 1 and 2 there are scheduled make-up examinations times approximately on a monthly basis. Refer to the class calendar for the specific dates. All make-up examinations must be completed in a timely manner. Once a new course has started, missing exams from a previous course must be prioritized and taken first in the exam make-up schedule. Students are automatically scheduled for the next make-up examination time, but may, in consultation with Testing Office, the Assistant Dean for Pre-Clerkship Education, be granted a customized make-up exam schedule to complete courses in a timely manner only under extenuating circumstances.

Years 3 & 4

For year 3 make-up examinations are administered on a customized basis as to not interfere with clinical rotations. The exact dates of make-up examinations will be determined by the Testing Office and Assistant Dean for Clinical Education.



POST EXAM REVIEW PROCESS (YEARS 1 – 2)

In order to assist students in their self-directed learning, post exam reviews are allowed in certain circumstances.

Year 1

Post exam reviews are allowed for formative assessments only. Students will have 30 minutes following each assessment to review all examination items along with their rationale (if applicable). Students will also receive personalized performance profile within 48 hours of the closing of the formative assessment period.

Year 2

Post exam reviews for summative assessment are provided at the discretion of the course director. The Testing Office will communicate to the class on the day of the exam when the post exam reviews will be held. Students must sign-up for a post exam review during the exam period. Post exam reviews are held the next business day following an exam for three consecutive weekdays (depending on the frequency of the exams).

Students are to report to 313 MEC between the hours of 11:00am – 12:00pm to review their exams. Students will have 15 minutes to review their exam materials. All materials given to the student during the review must be returned to a proctor. Failure to return material to a proctor is considered irregular test taking behavior. Students arriving late (i.e., after 12 noon) will not be allowed to participate in the post exam review on that day. Students and have not signed up or that arrive late on the last day will not be allowed to participate in the post exam review process.

DISRUPTIVE BEHAVIOR DURING EXAMINATIONS (YEARS 1 – 4)

A student engaging in disruptive behavior (i.e. behavior that interferes with the testing environment of other examinees) will receive a verbal warning. If the disruptive behavior continues, the student will be escorted to the Office of Student Affairs. The Associate Dean for Student Affairs in consultation with the appropriate education assistant dean (Pre-Clerkship or clinical) will be responsible for evaluating and deciding appropriate next steps for a student who has engaged in disruptive behavior during examinations.



ACADEMIC MISCONDUCT (YEARS 1 – 4)**Irregular Behavior**

Academic misconduct includes all actions or attempted actions on the part of a student that would or could subvert the examination process. Examples of irregular behavior include, but are not limited to:

- Failing to comply with any written or verbal testing policy, procedure, rule, and/or instruction of a proctor.
- Providing specific information regarding the content of examination to any other student before, during or after an examination or post exam review.
- Seeking and/or obtaining specific information about the content of an examination from another student.
- Seeking and/or obtaining access to examination materials during, prior or after the administration of an examination or post exam review.
- Theft of examination materials.
- Impersonation of a student or engaging a proxy to take the examination.
- Copying answers from another student.
- Allowing another student to copy your answers.
- Possessing non-permitted materials during an examination or post exam review.
- Making notes of any kind during the examination or post exam review except in the test booklet or designated scrap paper.
 - Students are allowed one piece of designate scrap paper during an examination at a time, which is provided by a proctor.
 - Students are not allowed to provide their own scrap paper.
 - Students must surrender their piece of scrap paper to a proctor at the end of the examination or prior to obtaining a new scrap paper.
 - Students are not allowed to remove scrap paper from a testing facility.
 - Writing on scrap paper is not allowed until the exam timer has started.
- Taking photos of test materials.
- Reconstruction of test content through memorization.
- Altering or misrepresenting examination scores.
- Continuing to answer items or erase answers after time is called.
- Failure to report suspected or actual irregular test-related behavior or cheating of fellow students.



A student observed or reported to have engaged in irregular behavior during an examination will be allowed to complete the exam. The proctor will document the incident and keep all materials handed in by the student. The incident will be immediately reported to the Assistant Dean for Assessment. The Assistant Dean for Assessment will initiate an investigation and forward all materials to either the Assistant Dean for Pre-Clerkship Education or the Assistant Dean for Clinical Education, as appropriate.

The Assistant Dean for Assessment along with either the Assistant Dean for Pre-Clerkship Education or the Assistant Dean for Clinical Education, in consultation with the Associate Dean for Undergraduate Medical Education, will be responsible for evaluating and deciding appropriate next steps for a student who has engaged in irregular behavior. To the extent such irregular behavior falls under the umbrella of cheating, it will be handled pursuant to the WSU Student Code of Conduct.

COMPLETION OF COURSES IN A TIMELY MANNER (YEARS 1 – 2)

It is expected that courses will be completed in a timely manner. In order to assist students, we will create a customized exam schedule for students that miss regularly scheduled make-up exams. All course work including examinations must be complete within thirty (30) calendar days of the course end date (defined as the date of the last exam) or prior to the start of the summer re-exam schedule (if applicable), whichever comes first. Students not complying with the policy may be placed on a leave of absence and their status to return to course work will be evaluated by the Associate Dean for Student Affairs.

TEST ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES (YEARS 1 – 4)

Services for students with disabilities are coordinated by the Student Disability Services (SDS) Office located on the first floor of the David Adamany Undergraduate Library at 5155 Gullen Mall. Detailed information about SDS, the Americans with Disability Act (ADA), SDS policies and procedures, documentation guidelines, and types of accommodations can be found on the SDS website <http://studentdisability.wayne.edu>. The medical school encourages you to refer to the SDS website if you have a documented disability or suspect you have a disability that will impact your medical school performance. The SDS office can be contacted at **313-577-1851**. Office hours are Monday-Friday 8:30-5:00 with extended evening hours on Monday and Thursday evenings until 7:00 during the fall and winter.

The Student Disability Services office provides reasonable accommodations for disabilities in the following categories:

- Physical or medical disabilities
- Deafness or hard of hearing
- Blindness or low vision
- Traumatic brain injury
- Learning disabilities
- Attention deficit/hyperactivity disorder
- Psychological or psychiatric disabilities



Required Documentation

Sufficient documentation for the disability is required to register with the SDS office and receive accommodations. Documentation guidelines for specific disabilities can be found on the SDS website. In order to establish that an individual is covered under the guidelines of the ADA and ADAA, documentation must indicate that the disability substantially limits a major life activity. Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, communicating, thinking, concentrating, and other similar activities. Quality disability documentation has the following essential elements:

- Testing should be recent, relevant, and comprehensive, and, if appropriate, documentation must also contain test scores and interpretation (ex. learning disability report, audiogram, etc.)
- Documentation must show a substantial impact on one or more major life activities
- Indicate whether the impact is current and stable or fluctuating (fluctuations may require updated documentation of the condition)
- Documentation must effectively confirm the nature and extent of the disability based on current professional standards and techniques
- Documentation must effectively validate the need for accommodations
- Evaluation must be provided by a licensed clinical professional familiar with the history and functional implications of the impairment(s) and must **not** be member of the student's family
- Evaluation must show the official letterhead of the professional describing the disability with the name, title and professional credentials of the evaluator
- Report must be dated and signed by the evaluator
- Report should include all documentation for multiple disabilities disclosed

If you suspect that you have an undiagnosed learning disability, attention deficit disorder, psychological disability, or other type of disability, you are encouraged to consult with a disability specialist in the Student Disability Services office. Resources for diagnostic evaluations will be provided.

If a student submits insufficient documentation of a disability for determining reasonable accommodations, Student Disability Services has the right to request further documentation with the student bearing the cost of the evaluation. SDS does not do diagnostic evaluations but can provide students with testing resources.

Students who receive accommodations need to:

- Communicate with the Office of Student Affairs in the School of Medicine during the semester regarding accommodations and/or services.
- Contact the Office of Student Affairs and SDS immediately if any significant course/clerkship changes occur.
- Inform the Office of Student Affairs and the SDS Disability Specialist immediately if any problems regarding accommodations and /or services occur.



Confidentiality

Student Disability Services (SDS) follows strict standards of confidentiality in the management of student disability information. SDS is the sole holder of disability documentation and this documentation is kept separate from other records such as the student's permanent educational record. Accommodations provided by Student Disability Services do not appear on the academic transcript and there is no marker on the transcript to indicate that a student is registered with SDS.

It is important to be aware of the responsibility that SDS bears in a "need-to-know" student case. In the case of disclosure of any information to a faculty or staff member, it is decided on a case-by-case basis. When students request accommodations, it may be necessary to discuss with a faculty or staff member the nature of the disability and the relationship of the disability to the course in order to implement the appropriate accommodations without making a full disclosure of the disability to the faculty or staff member.

How to Register with Student Disability Services

1. To register with SDS you must first be admitted to the WSU SOM.
2. Call the SDS office at **313-577-1851** or **TTY 313-577-3365** to schedule an intake appointment with a disability specialist. Intake appointments generally require 2 hours.
3. At your intake appointment you will provide the disability specialist with documentation.
4. SDS intake forms will be completed and a history will be taken. Accommodations will be determined and accommodation letters will be issued to the student. Accommodations are reviewed annually.
5. Once accommodations have been granted, students must notify the Office of Student Affairs at Wayne State University School of Medicine by providing the OSA with a copy of the accommodations letter received from SDS.

Testing Accommodations

1. Once accommodation letters have been presented to the Office of Student Affairs at Wayne State University School of Medicine, OSA will then forward the accommodation letter to testing services or the appropriate faculty member at the School of Medicine.
2. Testing services and/or the faculty member will be responsible for fulfilling the recommended accommodation.
3. Students with accommodations will be notified by testing services regarding their testing environment.
4. If a student opts not to use their accommodations during any exam they must provide written notice to testing services at least 1 week in advance. Students should contact the Director of Assessment.



Summary

1. Student Disability Services has an obligation to confirm disability status in order to issue appropriate accommodations.
2. Students have a right to privacy and not to have confidential information freely disseminated throughout the university.
3. When students register with SDS and sign the accommodation form, they are acknowledging that some level of disclosure to a faculty or staff member may be necessary in order to implement requested accommodations.
4. Disability documentation records are not shared directly with any faculty or staff member outside the Student Disability office.

Accommodations and services are individualized and based upon the student's documentation. It is for this reason that students should insure that they have sufficient documentation that supports the need for appropriate and reasonable accommodations. **Accommodations and services cannot be guaranteed if students choose not to follow the procedures for registering with Student Disability Services in a timely manner.** Accommodations and services can be revisited as needed, but **they are not retroactive** and cannot be guaranteed if procedures are not followed with reasonable, advanced notice.

Student Rights and Responsibilities

Students with disabilities have the right to:

- Full and equal participation in the services and activities of Wayne State University.
- Reasonable and effective accommodations, academic adjustments and /or auxiliary aids as determined by SDS.
- Maintain confidentiality regarding disability information including the right to choose to whom the disclosure of disability is made, except as required by law.
- Information readily available in accessible formats as long as request deadlines are met to ensure availability.

Students with disabilities have the responsibility to:

- Meet Wayne State University School of Medicine's academic and professional standards as established by the School of Medicine with or without reasonable accommodations.
- Identify as an individual with a disability and request accommodations through SDS in a timely manner and to seek information, counsel and assistance as necessary.
- Provide documentation to SDS from an appropriate professional source verifying the nature of the disability, functional limitations, and the rationale for specific accommodations being recommended.
- Follow specific procedures for obtaining reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids as outlined by SDS.



University Rights

The School of Medicine, through faculty and staff, has the right to:

- Establish and maintain academic and professional standards for its medical students, which includes establishing essential functions, abilities, skills, knowledge and standards for courses, programs, services and clinical internships, and to evaluate students on this basis.

The University, through its Student Disability Services, has the right to:

- Confirm disability status and request and receive current, relevant documentation that supports requests for accommodations.
- Select among equally effective/appropriate accommodations, academic adjustments, and/or auxiliary aids and services and provide the student with written documentation of the accommodation(s) granted for presentation to the SOM.
- Deny requests for accommodations, academic adjustments, and/or auxiliary aids when disability documentation does not identify a specific disability, fails to verify the need for the requested services, or is not provided in a timely manner.
- Deny requests for accommodations, adjustment, and/or auxiliary aids that are inappropriate or unreasonable based on disability documentation.



OTHER EXAMINATION POLICIES**Posting Exam Scores (Years 1 – 4)**

Immediate draft scoring is available for most non-NBME examinations. Final scores are available after Course Director and course faculty use available psychometric information and students' question citations to make decisions about whether to change the answer key.

Interpreting Scores (Years 1 – 4)

The percent score obtained on an examination(s) allows a student to ascertain his/her mastery of the material, and at the end of the course, to determine whether his/her performance is sufficient to pass the course. For a course with multiple examinations, a "danger" line of 70% is provided for each exam, whose purpose is to alert a student that continued performance at that level places the student at risk for failing the course. The danger line was developed using historical examination scores and is used to alert students, but should not be interpreted as the likely pass rate for the course.

Citing Examination Questions (Years 1 – 2)

For non-NBME examinations, students are given one opportunity to identify examination questions which they feel are flawed or poorly written. At the completion of an examination, students may cite as many questions as they like for course directors and faculty to review as they make decisions to "drop" questions or to accept alternate answers. Ten minutes is allotted for citing questions at the end of the examination. Students are not permitted to contact individual faculty or course directors directly to lobby for changes to the answer key. Students taking make-up or remedial examinations cannot cite exam questions.

Requests for Hand Scoring of Examinations (Years 1 – 4)

Students who feel there is an error in their examination score may request a hand scoring of the examination by contacting the Testing Office. The hand scoring will insure that the electronic scoring has worked properly. Students are responsible for submitting an answer sheet that is complete and accurate. In these cases, the hand scoring would confirm the student's score and that the electronic scoring worked as intended. The results of all objective examinations cannot be appealed, other than having the score verified through the hand scoring process. Students must report any testing irregularity at the time the examination is turned in to the proctors and prior to leaving the examination area.



4.4 STANDARDIZED PATIENT TEACHING AND ASSESSMENT –*PENDING*



4.5 MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

The ranking system used for the MSPE contains information about an individual student's overall performance over the first three years of medical school. A system was developed to increase the competitiveness of our students during an increasingly competitive residency application process. The system uses two dimensions—Academic Performance Basic Science and Clinical Skills—plus end of year Comprehensive Honors, to arrive at an overall descriptive term (Exceptional, Outstanding, Excellent, Very Good, and Good) for each student.

Performance Descriptor	Approximate Percentage	Level of Academic Performance and Clinical Performance
Exceptional	5%	Outstanding academic performance and Superb clinical performance PLUS Comprehensive Honors for all 3 Years
Outstanding	25%	Outstanding academic performance and Superb clinical performance
Excellent	30%	Outstanding academic performance and Proficient clinical performance OR Very Good academic performance and Superb clinical performance
Very Good	20%	Very Good academic performance and Proficient clinical performance OR Good academic performance and Superb clinical performance
Good	20%	Good academic performance and Proficient clinical performance



5. PERFORMANCE, PROFESSIONALISM AND PROMOTION

In this section:

- 5.1 PROFESSIONALISM POLICY OVERVIEW
 - 5.2 GENERAL POLICY ON VIOLATION OF WSUSOM PROFESSIONALISM STANDARDS
 - 5.3 REPORTING PROCESS
 - 5.4 PROCESSES FOR CLINICAL ROTATIONS
 - 5.5 DOMAINS OF PROFESSIONAL BEHAVIOR
 - 5.6 SOCIAL MEDIA POLICY
-



5.1 PROFESSIONALISM POLICY OVERVIEW

Medical students at WSUSOM are considered physicians in training at matriculation into the medical education program and are expected to explicitly adhere to the standards of the medical profession. Students must demonstrate that they are capable of becoming safe and effective physicians. For students to demonstrate they are capable of becoming safe and effective physicians, they must display good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs and the ability to synthesize and apply knowledge. In training for this profession, your accountability to your patients, colleagues and peers is critical.

Professionalism implies that students serve the interests of patients above self-interest. ⁱ Professionalism includes honesty, respect for colleagues, faculty, staff and peers and behavior in public that is not embarrassing to the ideal of the physician. Continual self-reflection about one's attitudes and behaviors must occur as one strives to be a better physician. ⁱⁱ

Unprofessional behavior of medical students can be divided into four domains; 1) Failure to engage, 2) Dishonest Behaviors, 3) Disrespectful Behaviors and 4) Poor self-awareness. These domains are based on a research article titled, Descriptors for unprofessional behaviors of medical students: a systematic review and categorization. The article can be found [here](#).

The reference tables for the article may be found below:

- [Table 1](#)
- [Table 2](#)

Types of unprofessional behavior may fall into one or more domains.

5.2 GENERAL POLICY ON VIOLATION OF WSUSOM PROFESSIONALISM STANDARDS

COURSE GRADING POLICY AND PROFESSIONALISM

The School of Medicine reviews professionalism in two ways. One as part of your course grade, please refer to the course assessment policies. Secondly, student behavior as part of the medical school community is reviewed.

CONSEQUENCES FOR FAILURE TO COMPLY

Accordingly, a student may be cited for unprofessional behavior for actions or behaviors that deviate from established professional standards (e.g. unexcused absence from a required course session or activity). The primary purpose of a citation for unprofessional behavior is for formative assessment, reflection, and opportunity for remediation.

However, a consistent or persistent pattern of unprofessional behavior or an egregious violation of WSUSOM professional standards by a medical student that is noted and documented by a member of the WSUSOM community (i.e. student, faculty, staff, or administrator), by a WSUSOM administrative office, or by a WSUSOM committee, can be referred to the professionalism committee for official review and recommendation for disposition. After committee review, a full range of recommended dispositions will be available to the committee from unsupported claim and no action to referral to promotions committee for recommended dismissal. All students who are alleged to have engaged in unacceptable conduct receive fair and impartial consideration of the charges against them and are afforded due process.



5.3 REPORTING PROCESS

Reporting Violations of the Code of Conduct and Professional Responsibility

1. The complaint must be submitted on the electronic professional violation form:
 - The form includes fields for the date, time location, person(s) involved, description of the incident and any potential witnesses.
2. The form will be reviewed by the professionalism liaison who can forward it for further consideration to one or more of the following individuals or committee.
 - Associate Dean for UME
 - Assistant Dean for Pre-Clerkship
 - Assistant Dean for Clinical Education
 - Professionalism Committee
3. An informal resolution may be pursued through any of these individuals based on the assessment of the complaint. Informal resolution may be achieved by direct discussion and or/mediation with the alleged offender by the student along with the individual contacted above.

5.4 PROCESSES FOR CLINICAL ROTATIONS

REPORTING

Professional behavior is part of the grading process for all clinical evaluations. These scores are recorded and indeed reported as part of the MSPE. Positive professional behavior is thus greatly rewarded in the clinical evaluation and grading for all clinical rotations. Unprofessional behavior is noted on the evaluation forms either by low scores on the grading scale, or by checking the box that there was a particular instance noted (along with a notation of the incident). Either notation will prompt attention by the clerkship director for further action. In addition, unprofessional behavior can also be grounds for course failure. Courses failed in this manner will need to be repeated (the entirety of the course) in addition to professionalism remediation as outlined below.

INTERVENTION

The process for intervention during the clinical years will be guided by the level of the behavior. All instances will be cataloged in the professionalism reporting data base *

1. **Improvement plan** Instances which are at a level though by the faculty to be correctable will be dealt with at the clerkship or department level. This will involve a meeting with the clerkship director or designee, the course director or designee, or specific personnel as directed by the office of academic and student programs. The improvement plan may involve assignments, actions or reevaluation.
2. **Warning for** repeated behaviors or for those reaching the level of greater concern, the student will receive a warning status. This will also involve a mini-professionalism meeting (mini PFC) with the counselor, Assistant Dean for Clinical Education, and possibly to include the Associate Dean for Student Affairs, course/clerkship directors and other involved personnel. Remediation plans will be guided by this committee. Probation is a possible outcome from this committee.



3. **Professionalism Committee Referral.** With repeated actions or non-remediated instances of (1) or (2), or for occurrences deemed egregious by faculty or administration, the matter is referred to the Professionalism committee for a formal hearing and review. This committee's structure, operation and purview are outlined elsewhere.

5.5 DOMAINS OF PROFESSIONAL BEHAVIOR

Unprofessional behavior of medical students can be divided into four domains; 1) Failure to engage, 2) Dishonest Behaviors, 3) Disrespectful Behaviors and 4) Poor self-awareness.

Reference:

Mak-Van Der Vossen M, Van Mook W, Van Der Burgt S, et al. Descriptors for unprofessional behaviours of medical students: a systematic review and categorisation. BMC Med Educ. 2017;17(1):164.

Types of unprofessional behavior may fall into one or more domains. View table of descriptors [here](#).

Domains of Professional behavior include but are not limited to:

Failure to Engage

- Failure to engage includes but is not limited to the following descriptors:
 - Absent or late for assigned activities
 - Not meeting deadlines
 - Poor initiative
 - General disorganization
 - Cutting corners
 - Poor teamwork
 - Language difficulties

Poor Self-Awareness

- Poor self-awareness includes but is not limited to the following descriptors:
 - Avoiding feedback
 - Lacking insight in own behavior
 - Not sensitive to another person's needs
 - Blaming external factors rather than own inadequacies
 - Not accepting feedback
 - Resisting change
 - Not aware of limitations



Dishonest

- Dishonest includes but is not limited to the following descriptors:
 - Cheating in exams
 - Lying
 - Plagiarism
 - Data fabrication
 - Data Falsification
 - Misrepresentation
 - Acting without required consent
 - Not obeying rules and regulations

Disrespectful

- Disrespectful behaviors include but are not limited to the following descriptors:
 - Poor verbal/non-verbal communication
 - Inappropriate use of social media
 - Inappropriate clothing
 - Disruptive behavior in teaching sessions
 - Privacy and confidentiality violations
 - Bullying
 - Discrimination
 - Sexual Harassment

Disrespectful Behaviors

1. **Nondiscrimination** – It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, sexual preference, national origin, ancestry or physical handicap. Students must show respect for patients and families as well as everyone involved in their care. This includes physicians, nurses, other students, residents, fellows and administrative staff.
2. **Professional Demeanor** – The student should be thoughtful and professional when interacting with patients, families, peers and co-workers. Inappropriate behavior includes but is not limited to the use of offensive language, gestures, or remarks with sexual overtones, extreme lack of interest and/or dishonesty. Additionally, students should maintain a neat and clean appearance and adhere to the dress code policy.
3. **Teaching** - The very title “Doctor” – from the Latin docere, “to teach” – implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.



Dishonest Behaviors

Disrespectful & Dishonest Behaviors

4. **Confidentiality** – All students are required to undergo training in the Health Insurance Portability and Accountability Act (HIPAA) and must adhere to this policy. A patient’s right to the confidentiality of their medical record is fundamental to medical care. Discussing medical problems or diagnoses in public violates patient confidentiality and is unethical.
5. **Conflicts of Interest** – Recognition, avoidance and management of conflicts of interest represent a core issue of professionalism. Any student with a proprietary or other interest in any material he or she is presenting or discussing must properly disclose that conflict of interest. When a conflict of interest arises, the welfare of the patient must at all times be paramount.
6. **Sexual Misconduct** – Students must not engage in romantic, sexual, or other nonprofessional relationships with a patient while involved in the patient’s care, even at the apparent request of a patient. In addition, students must not engage in romantic, sexual or other non-professional relationships with mentees, tutees or others for whom the student is in a position of authority. Students are not expected to tolerate inappropriate sexual behavior on the part of patients, their families or other health professionals. Students must adhere to all relevant university, clinical and community site policies regarding sexual misconduct.

Wayne State University has a strict policy regarding sexual assault and harassment. More information and resources can be viewed here: <https://doso.wayne.edu/sexual-misconduct/resources>

7. **Disclosure** – Students must understand the ethics of full disclosure. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision-making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient’s authorized representative. Students who participate in disclosing information to patients must do so only with the guidance and supervision of the attending physician. Students must adhere to all clinical and community site policies regarding disclosure.
8. **Informed Consent** – Students must understand the obligation to obtain informed consent from patients, but are not responsible for obtaining such consent. It is the physician’s responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient’s medical condition, the objectives of proposed treatment alternatives, and risks involved. The physician’s presentation should be understandable and unbiased. The patient’s or surrogate’s concurrence must be obtained without coercion. Students who participate in obtaining informed consent must do so only with the guidance and supervision of the attending physician.
9. **Representation of Level of Training and Knowledge** – A student should accurately represent themselves to others and never introduce themselves as “Doctor” as this is a clear misrepresentation of the student’s position, knowledge and authority. A student should never provide care beyond what is appropriate for their level of training. The student must seek consultation and supervision whenever their care of patient may be inadequate because of lack of knowledge and/or experience.



10. **Honesty** – Students are expected to demonstrate honesty and integrity in all aspects of their education and interactions with patients, staff, faculty, colleagues and the community. They may not cheat, lie, steal or assist others in commission of these acts. Students must not commit fraud or misuse funds intended for professional activities.

Students must assure accuracy and completeness for their parts of the medical record and must make good-faith efforts to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead or promote themselves at the patient's expense. The student is bound to know, understand and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels.

Plagiarism is a serious offense and is considered Academic Misconduct under the University's Academic Misconduct policy. Please review the misconduct policy here:

<https://doso.wayne.edu/conduct/academic-misconduct>

11. **Research** – The foundation of research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into pre-conceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be acquainted with the work of their coworkers that they can personally vouch for the integrity of the study, validity of the findings, and must have been active in the research, or writing, itself

Dishonest, Disrespectful, Failure to Engage and Poor Self-Awareness

12. **Impairment** - The student will not use alcohol or drugs in a manner that could compromise patient care or bring harm to themselves or others. It is the responsibility of every student to protect the public and to get the appropriate help for him or herself and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report members of the health care team whose behavior exhibits impairment or lack of professional conduct or competence.

Disrespectful, Failure to Engage and Poor Self-Awareness

13. **Arrogance** - Arrogance means an offensive display of superiority and self-importance and will not be tolerated. Arrogance denotes haughtiness, vanity, insolence and disdain. All of these qualities run counter to the demeanor of the professional.



Failure to Engage

14. **Commitment to Life-long Learning** – Medical knowledge has been expanding exponentially. The doubling time was an estimated 50 years back in 1950, 7 years in 1980, 3.5 years in 2010 and is projected to be 73 days by 2020. ⁱⁱⁱ Students must make a commitment from the very beginning to be responsible for learning and maintaining the necessary skills. Students must make a commitment from the first day to be responsible for their learning and maintaining the necessary skills that are required to provide quality care to patients.
15. **Lack of Conscientiousness** - Students are expected to be thorough and dependable, and to commit the time and effort required to meet his or her responsibilities. Students should not require continual reminders about responsibilities to patients, to the institution, other health care professionals and to administrative staff. 1,2,3 Responding in a timely and appropriate fashion to phone calls, pages, notices and emails from faculty, nurses, other health care team members, and administrative staff is a responsibility that must be honored by students.

Disrespectful and Failure to Engage

16. **Behavior Towards Colleagues** – The student will deal with professionals, staff, and peers in a cooperative and considerate manner, including their mentors and teachers. Professional relations among all members of the medical community should be marked with civility and each person should recognize and facilitate the contributions of others to the community. Under no circumstances will the student exhibit prejudice in words, action or deed towards a colleague based on ethnicity, race, religion, gender, age, sexual orientation, or physical disabilities. It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualifications or services of a colleague. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

Disrespectful and Poor Self-Awareness

17. **Evaluation** - Becoming a physician requires continuous personal growth and improvement. Students should seek feedback and are expected to respond to feedback and constructive criticism by appropriate modification of their behavior. Resistance or defensiveness in accepting criticism or in receiving feedback, remaining unaware of one's own inadequacies and not accepting responsibility for errors or failure are examples of a poor professional attitude.

Students should actively participate in the process of evaluating their teachers, including faculty and house staff. When evaluating their performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

5.6. SOCIAL MEDIA POLICY

Please refer to the [Social Media Policy listed here](#).



REFERENCES

ⁱ American Board of Internal Medicine, Project Professionalism 2001,
<http://abimfoundation.org/Resource%20Center/Bibiliography/~Media/Files/Resource%20/Project%20professionalism.ashx>
April 7, 2010.

ⁱⁱ American Board of Internal Medicine Foundation, American College of Physicians, European Foundation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Annals of Internal Medicine* 2002; 136:243-246.

ⁱⁱⁱ 2011 Study in Transactions of the American Clinical and Climatological Association
Adapted from Yale School of Medicine Professionalism Policy



6. TUITION AND FINANCIAL AID

In this section:

6.1 TUITION STRUCTURE AND BUDGET

6.2 UNIVERSITY BILLING

6.3 FINANCIAL AID



6.1 TUITION STRUCTURE AND BUDGET

Students are assessed tuition each term based on the tuition rate set forth by the Board of Governors. Please refer to the Tuition and Fee Chart for a complete listing of the current term's rates.

Statement of Tuition and Fee Regulations: https://reg.wayne.edu/pdf-tuition/t_f_regs_f18.pdf

Tuition and Fee Chart: <https://reg.wayne.edu/students/tuition-and-fee-charts>

A Tuition Calculator is available to help students determine their tuition and fees for a particular term.

Tuition Calculator: <http://apps.reg.wayne.edu/tuition>

6.2 UNIVERSITY BILLING

Student Financial Obligation for Payment of Tuition and Fees

By completing registration for a term students become financially responsible for payment of all applicable fees by the published due date(s). Payments not received by the due date(s) are subject to collection, attorney, and litigation costs, which also become a financial obligation of the student. Students are encouraged to familiarize themselves with their [electronic bill](#) (eBill) and [billing and payment](#) dates.

Additionally, accounts must be current to maintain enrollment eligibility and to request and receive official University documents and services. If you have questions, or require additional information, please contact the [Student Accounts Receivable](#) Office website or at (313) 577-2100.

Payment Methods

Numerous alternatives for tuition and fee payments are provided for students convenience. Please refer to the [Student Accounts Receivable](#) Office website for complete details.

Late Payment Fees

Please refer to the Office of the Bursar for [Late Payment Fee](#) information and assessment schedule.

A complete list of billing and payment due dates is posted on the Cashier's Office website under [Billing and Payment Dates](#).

Delinquent Prior Term Balances

Students who register for classes owing a prior term balance are subject to course cancellation if payment in full is not received by the last day of the term for which the balance is due. Personal checks are not accepted for prior term balances. Payment must be made by CASH, CERTIFIED CHECK, or MONEY ORDER.

Billing and Payment Dates

Please refer to the Cashier's Office website for current [Billing and Payment Dates](#)

6.3 FINANCIAL AID

Please refer to the Wayne State University Financial Aid website for current [Financial Aid Policies](#)



7. WAYNE STATE UNIVERSITY POLICIES

In this section:

- 7.1 WAYNE STATE UNIVERSITY POLICIES
- 7.2 NONDISCRIMINATION POLICY
- 7.3 COMMUNITY STANDARDS
- 7.4 PROHIBITED SEXUAL CONDUCT
- 7.5 CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIPS IN THE WORKPLACE AND EDUCATIONAL SETTING
- 7.6 STUDENT ACADEMIC GRIEVANCE PROCEDURE
- 7.7 CHILDBIRTH ACCOMMODATION POLICY FOR WOMEN GRADUATE STUDENTS AT WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE
- 7.8 OWNERSHIP AND USE OF WAYNE STATE UNIVERSITY NAMES AND TRADEMARKS
- 7.9 ACCEPTABLE USE OF INFORMATION TECHNOLOGY RESOURCES
- 7.10 SMOKE-FREE ENVIRONMENT
- 7.11 CAMPUS SAFETY AND CRIMINAL STATISTICS
- 7.12 MICHIGAN DEPARTMENT OF CONSUMER AFFAIRS COMPLAINT PROCEDURE
- 7.13 WAYNE STATE UNIVERSITY BOARD OF GOVERNORS DRUG AND ALCOHOL ABUSE ON CAMPUS POLICY



7.1 WAYNE STATE UNIVERSITY POLICIES -PENDING

7.2 NONDISCRIMINATION POLICY -PENDING

7.3 COMMUNITY STANDARDS -PENDING

7.4 PROHIBITED SEXUAL CONDUCT -PENDING

**7.5 CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIP IN THE WORKPLACE AND EDUCATIONAL SETTING
- PENDING**

7.6 STUDENT ACADEMIC GRIEVANCE PROCEDURE -PENDING

**7.7 CHILDBIRTH ACCOMMODATION POLICY FOR STUDENTS AT WAYNE STATE UNIVERSITY SCHOOL OF
MEDICINE - PENDING**

7.8 OWNERSHIP AND USE OF WAYNE STATE UNIVERSITY NAMES AND TRADEMARKS

Please refer to the university marketing policies: <https://mac.wayne.edu/marketing/licensing>

7.9 ACCEPTABLE USE OF INFORMATION TECHNOLOGY RESOURCES

Please refer to the university acceptable use policies: <https://wayne.edu/policies/acceptable-use/>

7.10 SMOKE-FREE ENVIRONMENT

Please refer to the university smoke-free and tobacco-free campus policy:
<https://policies.wayne.edu/administrative/00-3-smoke-free-and-tobacco-free-campus>

7.11 CAMPUS SAFETY AND CRIMINAL STATISTICS

Please refer to the university safety information and policies: <https://wayne.edu/safety/>

7.12 MICHIGAN DEPARTMENT OF CONSUMER AFFAIRS COMPLAINT PROCEDURE

Please refer to the State of Michigan consumer complaint filing information:
https://www.michigan.gov/som/0,4669,7-192-29943_31467-42077--,00.html

7.13 WAYNE STATE UNIVERSITY BOARD OF GOVERNORS DRUG AND ALCOHOL ABUSE ON CAMPUS POLICY

Wayne State University is committed to providing a drug-free environment for its faculty, staff, and students. The unlawful possession, use, distribution, dispensation, sale or manufacture of drugs or alcohol is prohibited on University premises, at University activities and at University worksites. <https://bog.wayne.edu/code/2-20-04>



CLERKSHIP POLICIES



8. CLERKSHIP POLICIES

In this section:

- 8.1 MANDATORY ATTENDANCE POLICY FOR CLERKSHIP ORIENTATIONS
- 8.2 SCHEDULE AND SITE CHANGES FOR ADMINISTRATIVE OR EDUCATIONAL REASONS
- 8.3 ENTRANCE TO YEAR 3
- 8.4 CLINICAL READINESS ASSESSMENT CRA POLICY
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8.1 MANDATORY ATTENDANCE POLICY FOR CLERKSHIP ORIENTATIONS

Students are required to attend the entire Clerkship Orientation Session for each of their required Year III and Year IV clerkships. Any student who does not attend a clerkship's Orientation Session will be prohibited by the Clerkship Director from participating in that clerkship for the scheduled period and may have their entire schedule of clerkships revised by the Assistant Dean of Clinical Education as deemed necessary to meet School of Medicine academic requirements.

8.2 SCHEDULE AND SITE CHANGES FOR ADMINISTRATIVE OR EDUCATIONAL REASONS

The School of Medicine Administration or individual Clerkship Directors maintain the right to alter the sequence and/or sites of students' assigned clerkships for administrative or educational reasons.

8.3 ENTRANCE TO YEAR 3

ENTRY POINTS FOR BEGINNING YEAR III COURSE WORK

Only two entry points are permitted for students to begin Year III course work. These are:

- At the beginning of Period 1 (the beginning of July)
- At the beginning of Period 3 (late August/beginning of September)

These two allowed entry points for students to begin Year III clerkships apply to all students regardless of the reason(s) for their delayed start of Year III.

Please note: Beginning in 2019 these points will be redefined as a result of curricular changes

8.4 CLINICAL READINESS ASSESSMENT POLICY

The **Clinical Readiness Assessment (CRA)** was created to help students be successful in clinical clerkships after being out of school for an extended period of time. The purpose of the CRA is to assess and provide enhancement, if necessary, for clinical skills prior to the resumption of clinical training. This program is a mandatory experience for students who have been out of school for more than 1 year, all returning MD/PhD students, and students who meet the following criteria:

- Away from Year 2 for greater than 6 months
- Taken Step 1



STRUCTURE OF PROGRAM

Each student is scheduled for a 2-hour baseline assessment of clinical skills. Enhancement sessions and a re-assessment of areas of deficiency are scheduled as needed. The CRA is offered near the start of year 3. It must be taken prior to the start of Y3 orientation to be able to start on time at the beginning of Y3 (Clerkship phase).

CONTENT OF CRA

Session 1 - Baseline Assessment: The baseline assessment is a 2-hour head-to-toe exam (H&P) with a Standardized Patient followed by a SOAP note station and presentation of the case to a faculty member. This assessment is scored and reviewed in cooperation with a faculty member. If the student satisfactorily performs in all areas of the baseline assessment, they require no additional (enhancement) sessions.

Sessions 2 – 4 - Enhancement: Up to 6 hours of “Enhancement Sessions” are scheduled in 2-hour blocks. The content of the sessions depends entirely on the results of the baseline assessment. If a student scores unsatisfactorily in areas involving communication, s/he will be required to work with a Standardized Patient Communications Associate. If the student scores unsatisfactorily in any physical exam skills, s/he will be required to work with a Standardized Patient Teaching Associate. Students requiring enhancement in either the written SOAP note or presentation components of the baseline assessment will be provided with didactic materials and/or one-on-one sessions with faculty.

Session 5: Reassessment: Upon completion of any required Enhancement Sessions, students will be re-assessed in any areas of deficiency. If further enhancement is required, students will be referred to a member of the faculty for follow-up.

LIMITED SPACE

The space per session is limited; therefore students cannot be guaranteed a spot in a particular session. Although we will do our best, some students may have to be re-scheduled for a later session if the number of students exceeds the available slots.

KEEPING US APPRISED OF YOUR PLANS

Please keep in touch with your counselor in Student Affairs (577-1463) in order to ensure that you receive information about, and are scheduled for, an upcoming CRA session.



8.5 PROMOTION TO YEAR 3

DEADLINES FOR POSTING USMLE STEP 1 SCORES IN ORDER TO BEGIN A CLERKSHIP

A passing score is required prior to starting a clerkship for students who previously have taken and failed the exam. The deadline to report a passing score is the Wednesday before your expected return, as scores are only released on Wednesdays.

- For a July return, the deadline is mid-June
- For a September return, the deadline is mid-August

8.6 YEAR 3 ORIENTATION

Regardless of situation (step delay, LOA, research) all students entering Y3 clerkships are required to attend fully the orientation program for the Clinical campus and SOM. Failure to do so will result in a one year Administrative Leave.

8.7 EVALUATION, GRADING & PROMOTION POLICIES FOR CLERKSHIPS & ELECTIVES

The evaluation of Year III students is the responsibility of the School of Medicine Clerkship Committee, which delegates that authority to the individual Year III Clerkship Directors. In turn, Clerkship Directors and Departmental Medical Student Education committees determine the clerkship grade for each student and recommend this grade to the Clerkship Committee. The Clerkship Committee reviews and approves grades on a bi-monthly basis. Grade Report Forms and Clinical Performance Evaluation Forms are disseminated to students through the E*value system *(to be updated to the New Innovations platform in AY 2018)*

Guidelines for evaluation of cognitive skills and clinical abilities are established for each clerkship by the clerkship director and departmental education committee. These guidelines are detailed in the individual clerkship syllabuses. At the beginning of each clerkship, you will be informed about the specifics of the evaluation and grading policy. Your course grades will be determined at a minimum by written examinations, completion of logging of specific encounters and procedures, and completion of clinical performance evaluations (on the Clinical Performance Evaluation form, shown below) by supervising attending physicians and/or supervising residents. Oral examinations, objective structured clinical exams, defined clinical exercises, reflective essays and/or research papers will also be a component of your grade in some clerkships.

Students should direct questions regarding the evaluation and grading system of a specific clerkship to that clerkship director.



8.8 MID-CLERKSHIP EVALUATIONS

Clinical Supervisors (Faculty, Attending Physicians, or Senior Residents) are required to provide students with a mid-clerkship evaluation. However, **it is your responsibility to solicit this mid-clerkship evaluation from those physicians with whom you work.** The evaluation should detail your strengths, weaknesses and any recommendations for improvement during the remainder of the clerkship. A form for accomplishing this evaluation will be given to you during each clerkship with instructions on when they are due to be returned to the clerkship director. The specific format of the Mid-Clerkship evaluation may vary depending upon the needs of each clerkship. The form will be part of the syllabus for each clerkship.

In particular, the clerkship director should be notified by the student's supervising physician if any student is (1) not performing as expected at the time of the mid-clerkship evaluation and if (2) that supervising physician is concerned at that time that the student will not satisfactorily complete the clerkship. If such a mid-clerkship evaluation is received, the clerkship director or his/her designee will offer to meet with the student to discuss his/her progress and plan for remediation to help the student improve his/her performance

A satisfactory mid-clerkship evaluation neither guarantees a passing grade or an outstanding grade, but is an important guidepost to improvement for the rest of the clerkship.

8.9 YEAR III EXAMINATIONS

There are three types of examinations that the student may encounter while on clerkships in the third and fourth year curriculum:

- Oral, practical or objective structured clinical examinations (OSCEs) developed and administered by the individual department.
- Examinations that are written by School of Medicine faculty and are not returned because the faculty designates them as "protected" examinations.
- Examinations that are "copyrighted" examinations developed by an external body and purchased for administration to medical students during the clerkship (i.e. NBME Subject/"Shelf" Examinations).

Unless specifically designated as an examination that will be returned to the student, examinations during the clinical curriculum are either protected or copyrighted examinations. As such, the student has no right to retain these examinations, and possession of current copies of these examinations outside the testing room would violate School of Medicine Professionalism guidelines and University policy.

All YR III Clerkships use the Subject Examinations available from the National Board of Medical Examiners (NBME) as the examination at the end of the clerkship. These examinations are the property of the NBME; they are scored by the NBME with results then reported to the School of Medicine. Because they are "copyrighted" examinations governed by NBME policies, **students do not have the right to either retain or review them.**



EXAMINATION POLICIES

Refer to School of Medicine policies and procedures: <https://www.med.wayne.edu/ume-academic-student-programs/policies-and-procedures/>

GRADING EXAMINATIONS

Exams written by School of Medicine faculty are graded based on established departmental criteria specified in the pertinent section of this guide.

The NBME provides each clerkship director with individual examination scores and the mean and the standard deviation for the NBME Subject Examination for the WSU School of Medicine group administered that examination. Each Department through its clerkship director and departmental medical education committee decides how passing scores and honors scores for the written examinations are determined using this information. Again, this information is published in each clerkship syllabus.

8.10 WSUSOM MS3 CLERKSHIP NBME SUBJECT EXAM GRADING POLICY

Guaranteed Minimum Pass (GMP) Level – The GMP is the minimal NBME subject exam score with which students are guaranteed to pass the exam. The GMP is derived from the most recent NBME grading guideline produced for each medical specialty and based on the Modified Angoff procedure, which is a content-based standard setting approach. No grade appeals will be entertained regarding NBME objective scoring.

The pass levels are reviewed annually and posted after review of the previous year data. Passing scores are listed on the course syllabuses for each clerkship.

8.11 CLINICAL PERFORMANCE EVALUATION AND GRADE REPORT FORMS

At the completion of each clerkship, the student's clinical performance is evaluated using the Clerkship Evaluation of Student form by those faculty and/or residents who have worked with him/her. Students are evaluated as '1, 2, 3, 4 or 5 on the different competencies. There is also space on the form for comments by the evaluator, along with suggestions for additional development.

Note that no grade is assigned on this Evaluation form; faculty or residents are allowed to comment on what grade they believe the student earned in their comments section, but this constitutes only a *recommendation* from that evaluator. Your clinical grade, along with other aspects of your grade, are determined only by the department medical education committee and clerkship director.

Again, it must be emphasized that a *particular faculty member or resident who works with you does not assign grades*. This is an important point that surfaces periodically: a student says "Dr. Samples said I was doing honors work, yet I was only given satisfactory. Why?" The answer is that Dr. Samples can only *recommend* that grade in



other comments section; if, in the competencies, a sufficient number of competencies are not ranked high, the clerkship director (who assigns the grade) will assign a satisfactory grade.

Evaluation forms are completed by one or more faculty members, senior residents, or faculty- resident teams who have directly observed the student during the course of his/her training on the clerkship. Exactly who evaluates each student is determined by departmental policy, as is the number of evaluations expected for each student at the completion of the clerkship. This will vary from clerkship to clerkship based on the educational structure and curriculum of each clerkship.

Each of the completed Clerkship Evaluation of Student forms is submitted through E*value or New Innovations to the School of Medicine as a part of the student's grade report from that clerkship. Students should keep in mind that each department has discretion as to how to reduce the individual Evaluations to the Summary Grade Report, e.g. assigning more weight to certain evaluations, simply averaging the evaluations, etc.

The Summary Grade Report Form is a summary of your performance in a clerkship. Detailed on your Grade Report Form is a summary of the Clerkship Evaluation of Student form(s) and your written exam and other assessment scores. At the bottom of the Grade Report is your final course grade. These Grade Report Forms essentially are a "report card" of your performance during a clerkship. You may obtain a copy of your Grade Report Form from each clerkship through E*value or New Innovations. The School of Medicine administration recommends that you keep them in a portfolio for periodic reflection and review.

8.12 GRADING POLICIES

DETERMINATION OF CLERKSHIP FINAL CLINICAL EVALUATIONS

Either all or a large component of your final clinical evaluation is determined by the Clerkship Evaluations of Student. Some clerkships also factor in an observed standardized examination of students to determine the final clinical evaluation.

The evaluations of all faculty, residents and teams that have worked with the student are summarized on the Clerkship Grade Report form. The process of summarizing these evaluations, e.g., weighting certain evaluations, etc., is determined by and at the discretion of each clerkship. Many clerkships also provide evaluations from individual faculty and residents.

The Final Clinical Evaluation for the clerkship is reported on the Clerkship Summary Grade Report form. Generally, an 'Outstanding' Clinical Evaluation is needed for Course Honors, although this is at the discretion of each clerkship. In order to attain an "Outstanding" Clinical Evaluation, a student must obtain a minimum of 85% of the points available. Points are calculated based on the ranking for each of the evaluation items. In addition, the student cannot have lower than a 3 on the final clerkship evaluation to be considered for clinical outstanding. The final grade will be determined by the Clerkship Director.

A 1 in **any** clerkship evaluation item may result in failure of the clerkship.



REQUIREMENT TO COMPLETE ALL CLERKSHIP ASSIGNMENTS

Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all Procedures and Encounters (PxDx) cases). The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The clerkships establish the deadlines for other assignments. If assignments are not completed by the respective deadlines, the student will be considered incomplete. The incomplete will change to a final grade when the assignments, including PxDx, are completed and turned in.

Requirements common to all clerkships

1. PxDx logging
2. Self-evaluation
3. Mid clerkship evaluation
4. Evaluation of the clerkship
5. Any books, pagers, parking badges issued by the clerkship
6. Written or other assignments

Deadlines are monitored by the SOM and reports issued at intervals. Students not in compliance with these deadlines will receive an incomplete grade. Non-completion of these will be noted by clerkship directors who may subtract points from the professionalism component of the final evaluation and may result in the student being ineligible for honors grade in the clerkship.

Time requirement for completing assignments

1. PxDx logging :Wed of last week of rotation or 24 hours prior to shelf exam
2. Self-evaluation 48 hours after shelf exam
3. Mid clerkship evaluation 2 or 4 week halfway point of clerkship
4. Evaluation of the clerkship 48 hours after shelf exam
5. Any books, pagers, parking badges issued by the clerkship at time of shelf exam
6. Written or other assignments 24 hours prior to shelf exam

CLINICAL ENCOUNTERS AND PROCEDURES REQUIREMENT

Students are required to log all required clinical encounters and procedures (Px/Dx) in E*value or New Innovations. Clerkship directors need to ensure that all students are having similar educational experiences at all sites. By logging required cases, clerkship directors and the Office of Assessment will have the opportunity to observe in real-time what experiences are lacking. Students also will be able to track these experiences to build their portfolio of their Years 3 and 4 clinical skills. Additionally, this requirement will allow students to start the habit of logging, which is a requirement in residency. Each clerkship will list the required experiences PDX in their respective syllabi.

DEADLINE FOR LOGGING

The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation.



8.13 DETERMINATION OF FINAL CLERKSHIP GRADES

Criteria for Clerkship Honors and Unsatisfactory grades are as follows:

Performance in all components of the student's grade (clinical evaluation, assignments and examination) must be satisfactory for a student to be given a passing grade. Outstanding clinical performance does not compensate for a failing exam score, nor does an Outstanding exam score compensate for unsatisfactory clinical performance. Failure in one or the other category results in an unsatisfactory grade.

- Performance in both components of the student's grade must be Outstanding for a student to be given an Honors grade. In addition, the student must meet all clerkship deadlines and other criteria to be eligible for an Honors grade.
- At the discretion of the department, certain failing students may be offered the opportunity to repeat departmental examinations (written or oral). Please note that if clinical performance was notably poor, an Unsatisfactory grade may be given without offering a re-examination, and the student will then be required to repeat the rotation. **There is no presumption that each student will *automatically* be given the opportunity to repeat an unsatisfactory examination.**
- If the student performs adequately on the re-examination, the transcript grade will be recorded as "S*" (Satisfactory upon remediation).
- If after re-examination, the person is still unsatisfactory, the grade remains "U", and the student will then be required to repeat the clerkship (including both clinical time and all examinations).
- The repeated clerkship clinical time is individualized—it may be one or two months of clinical time. The situation will be reviewed by the SOM and the assistant dean for clinical education and the associate dean for student affairs.

Note: students will be scheduled & assessed fees for any repeated coursework.

8.14 REPORTING CLERKSHIP GRADES

Clerkship grades are determined by each department's medical student education committee. Students' grades are discussed by the School of Medicine Clerkship Committee, after which they are recorded by Records and Registration. Grades are then made available in E*value or new innovation to students. Students will have a copy of the Grade Report and Clinical Evaluations in their E*value or new innovation file for each clerkship.

The Clerkship Directors and staff of the clerkships are **NOT** permitted to report the results of examinations, clinical evaluations, or overall clerkship grades directly to individual students outside of the process described in the preceding paragraph.



8.15 CRITERIA FOR AWARDING YEAR III HONORS

There are two different ways to receive Comprehensive Honors in Year 3. The first uses the number of months of clerkship honors (e.g., honoring Internal Medicine results in two months of honors whereas honoring Family Medicine results in one month of honors). Any student with a minimum of 6 months of Honors in Year 3 clerkships receives Year 3 Comprehensive Honors.

The second uses the overall ranking system (described in detail in #8. Determination of Standard Scores section below). Any student who achieves Superb Clinical Skills (a score of 35 or greater), but has less than 6 months of Honors also receives Year 3 Comprehensive Honors. Comprehensive Honors are recorded on the student's transcript. Grades for the Elective and Continuity Clerkships do NOT count toward Year 3 honors.

A reported Unsatisfactory grade in any clerkship or documented unprofessional behavior will automatically disqualify a student from receiving Year III Comprehensive Honors.

8.16 REMEDIATION OF FAILED EXAMINATIONS

Remediation (retake) of failed examinations will generally be limited to one of two time periods, i.e., either at the time of a regularly scheduled examination or at a special examination session. Generally, special examination sessions are scheduled in early January (to take advantage of the study time available during the winter break) and in early July/June (to take advantage of the study time available between completion of clerkships at the end of an academic year and the July testing date).

Repeated exams may not be taken while the student is taking another clerkship.

ONE FAILED EXAM

Each department allows both special testing dates for remediation of failed or missed clerkship examinations in addition to regularly scheduled examinations. The exact dates for scheduled repeat examinations will be established by the Director of Assessment in consultation with the Assistant Dean of Clinical Education. Once a student fails a written clerkship examination, the student, his or her counselor in the office of the Associate Dean of Student Affairs, and the Assistant Dean of Clinical Education will develop a written plan for examination remediation.

It is recommended that students attempt to remediate failed clerkship examinations as early in the academic year as possible. In general, students with a written examination failure during the months of July through December will be scheduled for the January special test date, while students with an examination failure between January and June will retake their failed exam in June/July.



TWO FAILED EXAMS

Students with more than one outstanding NBME failure will be stopped in their progress in order to remediate their examinations. Only one exam may be taken at the January or July special test date. They will not be able to resume clinical work until both exams have been successfully remediated.

REPEAT EXAMS DURING CLERKSHIPS

Clerkship directors have been instructed to release students for the purpose of re-examination dates, only on the SOM reexamination dates in Jan/June. No student will be released from a clerkship to take another clerkship examination other than as stated herein, since *no student is allowed to take a make-up or repeat examination while enrolled in another clerkship.*

If a student intends to take a make-up exam at a time other than the special examination session (after consultation and approval from his/her counselor and Assistant Dean of Clinical Education), he/she may do so only if *not* currently on a clerkship or elective. This rule applies also for rising senior students with outstanding deficiencies at the end of June of their third year; students will not receive senior elective credit until they complete all outstanding YR III work, and **students may not repeat a clerkship examination while enrolled in an elective unless given special permission by the Assistant Dean of Clinical Education.**

SCORING

Makeup exams will be subject to the guaranteed minimum pass scores previously published for the year in which the student took the course.

8.17 REMEDIATION OF FAILED CLINICAL WORK OR FAILED COURSES

Students who fail more than one NBME examination or fail a clerkship clinically will be required to meet with the Promotions Subcommittee and will be placed on Academic Probation for the remainder of Year III. The Promotions Subcommittee consists of the Assistant Dean of Clinical Education, Assistant Dean of Student Affairs, an elected Clerkship Director, and the student's counselor.

The Promotions Subcommittee will decide the remediation requirement for the student. Students will be required to repeat clinical work after a clerkship failure or after a second failure of the clerkship examination. Students will be assessed fees for any repeated coursework. It is emphasized again that students must satisfactorily complete all Year III requirements and pass all Year III Clerkships before starting Year IV work.



8.18 OVERALL COMPARATIVE PERFORMANCE IN MEDICAL SCHOOL (YEARS 1-3)

The Medical School Performance Evaluation (MSPE) contains information about an individual student's overall performance over the first three years of medical school. The new system uses two dimensions—Academic Performance and Clinical Skills—plus end of year Comprehensive Honors, to arrive at an overall descriptive term (Exceptional, Outstanding, Excellent, Very Good, Good, and Satisfactory)

OVERALL COMPARATIVE PERFORMANCE IN MEDICAL SCHOOL

Performance Descriptor	Approximate Percentage	Level of Academic Performance and Clinical Performance
Exceptional	5%	Outstanding academic performance and Superb clinical performance PLUS Comprehensive Honors for all 3 Years
Outstanding	25%	Outstanding academic performance and Superb clinical performance
Excellent	30%	Outstanding academic performance and Proficient clinical performance OR Very Good academic performance and Superb clinical performance
Very Good	20%	Very Good academic performance and Proficient clinical performance OR Good academic performance and Superb clinical performance
Good	20%	Good academic performance and Proficient clinical performance



ACADEMIC PERFORMANCE BASIC SCIENCE (Average Standardized score over Years 1-2)

[(Year 1 Standardized score plus Year 2 Standardized score divided by 2]

Outstanding Academic Performance ≥ 485 (approximately 60%)

Very Good Academic Performance = 431 to 485 (approximately 20%)

Good Academic Performance ≤ 430 (approximately 20%)

CLINICAL PERFORMANCE (Year 3 Grades Converted to Scores)

Superb Clinical Performance ≥ 35 points (approximately 25%)

Proficient Clinical Performance = 14 to 34 points (approximately 74%)

Competent Clinical Performance ≤ 13 points (approximately 1%)

CLINICAL SKILLS (Year 3 Grades Converted to Scores)

Clerkship grades are converted to scores, where Honors = 4 points, Satisfactory with Commendations = 3 points, Satisfactory = 2 points, and Unsatisfactory = 0 points.

Each clerkship (grade) score is then multiplied by the appropriate number of months (e.g., honoring Surgery would be $4 \times 2 = 8$ points versus honoring Psychiatry would be $4 \times 1 = 4$ points).

Clerkship scores are summed across all clerkships. The maximum possible score is 44 (which would result if a student honored all 11 months of Year 3 clerkships).

Getting Satisfactory for all clerkships would result in a score of 22. Students who have failed a clerkship will get a score of zero for the clerkship even after the clerkship has been remediated.



8.19 GRADE APPEALS

Grade appeals for clinical clerkships follow the policies outlined in the PP manual ([link](#)). There are several special situations to note, since there are multiple subjective evaluations for clerkships. Students are not allowed to “plead their case” and discuss written evaluations with evaluators after the evaluation has been submitted. A student may not contact an evaluator (be it faculty, resident, site director) at any point of a grade appeal. In doing so the student immediately forfeits his/her right to appeal and the process is immediately stopped. All communication regarding appeals is through the clerkship director and the Assistant Dean for Clinical Education.

In appealing a grade, the student must wait until the grade is awarded. This occurs later than the availability of evaluations. Pre appealing a grade—for example asking the clerkship to disregard an evaluation prior to the grade being awarded—is not allowed.

In appealing the grade, the student should write a formal appeal letter to the clerkship director, copying the Assistant Dean for Clinical Education. The appeal will be dealt with as outlined in the policies referenced previously.

8.20 ACADEMIC PROBATION DURING YR III

Refer to P&P manual

8.21 ELECTIVES

YR III ELECTIVE

The YR III curriculum includes 8 required clerkships (Continuity Clinic Clerkship, Internal Medicine, Surgery, Pediatrics, Family Medicine, Psychiatry, Neurology and Obstetrics and Gynecology), which comprise 11 months of study. The twelfth month of your Year III curriculum is a month of elective clinical time.

As a junior medical student, you may select any elective available to Year III students. A listing of those electives will be provided to you at the time you are contacted by Records and Registration to schedule an elective.

Some electives have specific clerkship prerequisites. Note, however, that your elective could be changed if a course is failed that is a required prerequisite of the elective. This is at the discretion of the Department offering the elective and the School of Medicine Administration.

Away electives are not possible during the 3rd year curriculum. Independent electives are allowed but will have to be done with WSUSOM faculty. Independent electives will be carefully scrutinized by the Assistant Dean for Clinical Education prior to getting necessary approval. Continuation of previously established research during the elective period is an example of an independent proposal likely to be approved and actually encouraged.



During the elective month there is a separate assignment involving writing a critical review. This assignment must be completed in order to gain credit for the elective month and is subject to the timelines and completion dates outlined for all clerkships.

YEAR III ELECTIVE AND THE CONTINUITY CLINIC CLERKSHIP

One of the critical components of the Year III curriculum is the organization of the primary care clerkships (Internal Medicine, Family Medicine, and Pediatrics) which allows completion of the Continuity Clinic Clerkship (CCC). The CCC requires that you be present for a certain number of sessions at your assigned site during the six (6) months that you are taking the Internal Medicine, Family Medicine and Pediatric clerkships and your elective. You must continue to attend your CCC weekly during your elective month.

All electives taken are to be evaluated by each student in the School of Medicine. Completion of this required evaluation of the elective by the student is a requirement to receive credit for the clerkship.

Students are not permitted to schedule electives with physician family members.

ELECTIVE GRADES

You will be eligible for the clinical grades of Honors, Satisfactory, or Unsatisfactory in electives. A grade of S+ (Satisfactory with commendations) is not given for electives. The elective taken during Year III is not counted towards the number of Honors course evaluations needed to achieve YR III Honors.

CHANGING YOUR YR III ELECTIVE

The following policy refers only to changes involving electives. Changes in the order of clerkships (i.e., your clerkship group), the sites of your clerkship, or changes to your required senior courses are not governed by the following policy.

- ALL requests to change electives are initiated either through Records and Registration or the Assistant Dean of Clinical Education. Students should list their current program, requested change (the new course and alternatives, if indicated), and reason for the change on the Add/Drop Change form available in Student Affairs, Records and Registration, and Academic Affairs offices.
- No changes will be made without the required signed Add/Drop form; if you have previously communicated with administration regarding the change by email, please submit a copy of the relevant discussion along with the change request so that all documentation is together that needs to be reviewed. To reiterate, any explanations, descriptions of extenuating circumstances, etc. including copies of email correspondence must be submitted with the Add/Drop form, as a decision will be made on the program change only with materials available at that time; no attempt will be made by School of Medicine Administration to correlate an Add/Drop form with past submitted information or verbal discussions.



- **All requests to change electives must be submitted at least 45 days before the start of the elective.** Note that ***all*** paperwork to effect a change must be submitted at least 45 days before the start of the elective in question.
- There will generally be no exceptions to the 45-day limit for changing electives, and in the case where the 45-day limit is waived it is only for extenuating circumstances beyond the control of the student or for academic intervention by the SOM.
- If requested by administration, or at the student's request, the student will meet with the Assistant Dean of Clinical Education for discussion of his or her modified program. Once approved, the documents will be forwarded to the Office of Records and Registration for modification of the student's official record. Course directors impacted by the change will be notified by the Office of Records and Registration.
- It is to your advantage to submit the request as soon as you know you want to change your program, since the elective you wish to change into may not be available at a later time.
- To request consideration for a program change with less than 45 days before the start of the course because of extenuating circumstances, you must personally meet with the Assistant Dean of Clinical Education or his/her designee.
- Students are requested to not directly contact the elective coordinator, department, hospital, etc. to discuss their desire to change their program/elective. Doing so puts the coordinator in an awkward position as the availability of space in their elective does not necessarily mean that your elective change will be approved by the School of Medicine. Similarly, a program change suggested by your advisor or another faculty member is not automatically approved without review by School of Medicine administration via the procedures detailed above.
- Decisions regarding the approval or disapproval of an elective change are final, irrespective of the availability of space to accommodate the student's request.
- All program changes must follow the policies of the School of Medicine, and be approved by School of Medicine administration. There are several reasons for possibly denying approval even though it appears to you that the course is available, including possible obligations by the School of Medicine to fill spots once students have indicated their desire to take them; other changes that have been recorded but not communicated to the coordinator or department or hospital that takes up the free spot; academic concerns after review of a student's prior performance; program balance, etc. Any program change made by a student that does not have prior School of Medicine approval may not be recognized by the School of Medicine, resulting in denial of credit towards graduation for that elective.



8.22 THE YEAR III OBJECTIVE STRUCTURED CLINICAL EXAM (OSCE)

Each Year III student will participate in the Objective Structured Clinical Examination (OSCE) **given during Year III** to assess his or her clinical skills. The OSCE is a series of simulated clinical encounters during which students perform clinical tasks under the direct observation of faculty, proctors, and standardized patients. The Year 3 OSCE is patterned after the USMLE Step 2 CS examination and includes several clinical stations where the student is expected to obtain a history from a patient with a particular chief complaint and perform a physical examination appropriate to the chief complaint. Students also are expected to complete a post- encounter note that encompasses the data the student has gathered, as well as the synthesis of the data including differential diagnosis and first steps of a management plan.

The OSCE will be graded to provide timely feedback about a student's clinical skills. Results of the OSCE could be used prescriptively by students, their advisors and School of Medicine administration in the preparation or modification of Year IV elective schedules, so that students and their advisors may address areas of relative weakness prior to graduation. The School of Medicine reserves the right to alter some or a student's entire program based upon OSCE deficiencies. Participation in the OSCE and completion of prescribed remediation in the OSCE are both mandatory. Failure to complete OSCE remediation could be grounds for denial of degree completion. Failure to complete all required activities of the OSCE and remediation will result in the student being ineligible for year 4 credit ie the student cannot start year 4 until all year 3 work including the OSCE is completed.

Because one of the objectives of the Year III OSCE is to prepare students for the USMLE Step 2CS examination, students must complete the OSCE and allow time for remediation (up to 1 month after the OSCE) before they schedule for Step 2CS. This scheduling guideline provides at-risk students with the opportunity to practice and prepare further in a supportive setting before taking Step 2 CS.

The OSCE must be completed and remediated (if necessary) prior to beginning year 4. Those students who fail the remediation and retake will meet with the Assistant Dean for Clinical Education for review of year 4 schedules, possible revision of year 4 schedules and planning for further work.



8.23 STUDENT RESPONSIBILITY AND REQUIRED EXPERIENCE TRACKING AND CLERKSHIP/ELECTIVE EVALUATIONS

It is the student's responsibility to know the requirements for completion of the senior program, the requirements for awarding the medical degree, the requirements for graduation, and the rules regarding away electives. Do not procrastinate and put off completion of requirements until the end of your senior year when you have insufficient time to complete them before graduation.

In addition, you are required to complete an evaluation of each clerkship and elective course you complete during your clinical years. This requirement applies to both junior and senior elective courses as well as all required junior and senior clerkships. The School of Medicine Administration monitors the educational process with the purpose of continual improvement. To that end, the School of Medicine requires the use of online systems to assist the Administration in gathering information regarding case exposure, procedures and assessment of educational programs by students. The policies and procedures for evaluating elective courses will be modified as new or modified online evaluation systems become available. **No grade will be recorded by the Office of Records and Registration until the student has completed the evaluation for each clerkship or elective.**

The School of Medicine may at times require students to complete surveys for ongoing educational research, online educational activities for regulatory compliance (e.g., HIPAA, Universal Precautions, etc.) or other activities not listed or announced previously. Once these are announced via email or other means, students will complete the requirement in a timely fashion.

8.24 NEEDLESTICKS AND OTHER EXPOSURE TO BODY FLUIDS

During the course of a medical student's education, s/he will come into contact with occupational hazards as a natural consequence of caring for sick patients. Medical students have an increased risk for injuries due to needlesticks or contact with other sharp instruments since they may not yet be skilled in the procedures being performed. At all times, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/guidance than is available, then that student **MUST** refrain from doing the procedure.

Never attempt a procedure you are uncomfortable performing.



It is the obligation of the School of Medicine to formally educate its students regarding the prevention of occupational injuries. In addition, the school has developed programs by which students who are injured or exposed to blood or body fluids in the course of their training have the knowledge to properly seek care. Such programs are formally presented to students in the first, second and third years of the medical school curriculum, most recently as part of your Year 3 Orientation. In the event that a student is stuck with a needle or other sharp instrument, or sustains exposure to a body fluid on mucous membranes or non-intact skin, the student must report this to his/her senior resident or attending physician immediately. A written report must be completed detailing the circumstances of the exposure. The student must also notify the School of Medicine's Medical Student Health Officer of the reported incident.

The medical school has established relationships through affiliation agreements with all of our Clinical Partner Sites (hospitals and ambulatory sites). Specific policies must be followed when an exposure or potential exposure has occurred:

- A student who sustains an exposure to blood and/or body fluids in the course of a clinical assignment at any of our affiliated clinical institutions should immediately seek care in the designated department of that facility. These departments are listed for each institution on the laminated cards that are distributed at Year 3 Orientation. You should keep this list for your potential use during Year 4 as well. If the incident occurs after hours or if you are unsure of where you should seek care at the institution, then you should report to the facility's Emergency Department.
- When a student receives initial care for a needlestick or other exposure incident at one of our partner institutions, either the institution waives the cost or WSU Risk Management covers the cost of the initial visit at the emergency room. This policy applies only to care of the initial event, and does not obligate any hospital or clinic to provide or pay for ongoing or long-term care resulting from an injury, accident or exposure which might have occurred on their premises.
- After the initial treatment encounter at the clinical institution, students should subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.
- All injured students MUST complete a short Wayne State University *Report of Injury* form for the WSU Office of Risk Management within 48 hours after the incident. This form is online at: <http://idrm.wayne.edu/risk/student-forms.php>. It is important to follow the instructions on that page since students only need to fill out the top portion of the form. The form may be submitted electronically to WSU Risk Management. If there are any questions about that form, the WSU Office of Risk Management can be contacted at (313)577-3110.
- A copy of the *Report of Injury* form must be submitted at the same time to the Medical Student Health Officer at healthofficer@med.wayne.edu.



8.25 PARKING AT ASSIGNED HOSPITALS

Parking is at a premium at many of the hospitals to which you will be assigned or electively rotate. However, some of the hospitals provide contiguous parking in employee lots or structures; check the information at the end of this document and contact the departments to which you are assigned for more information.

Because of a supply-demand mismatch at the Detroit Medical Center Central Campus, contiguous parking in well-lit, safe lots or structures is not always provided by the hospital or department to which you are assigned. Students should understand that WSU does not control the lots and structures owned by the DMC and its member Hospitals.

The DMC has indicated that they will only be able to provide parking for students assigned to the DMC as their clinical site. No parking will be available for students in DMC lots on electives or non-DMC assigned clinical students. Student vehicles that are found to be in DMC lots or structures during the day may be subjected to ticketing/towing.

The School of Medicine STRONGLY advises all students to avoid parking on public streets at any time .

The WSU parking cards and tags will be distributed either by the WSU department to which students are assigned or through the DMC Office of Medical Education. Failure to return parking cards and tags immediately upon completion of a rotation or elective may lead to the imposition of late fees and/or administrative sanctions being applied to the student. Please see above requirements for graduation.

Parking Cards, badges and pagers not returned as required at the end of year 3 will preclude the student from starting year 4. No credit for any year 4 courses will be awarded until the student satisfactorily completes these yr3 requirements.

8.26 REQUESTS FOR EXCUSED ABSENCES FOR RELIGIOUS HOLIDAYS AND OTHER ABSENCES

The School of Medicine recognizes and appreciates the diverse cultural and religious backgrounds of its students. Approved holidays are listed on the Year III schedule found elsewhere in this document. Everyone is off on those days, and you are not required to be at your Year III clerkships on those days. However, *there are no official days off during your junior and senior electives. For students on electives, all days off are determined by the clinical service to which you are assigned for each month.*

Requests for time away from clerkships and electives must be submitted in writing to the student's counselor as soon as possible upon knowing of the need for an excuse. The student's counselor will work with the student to contact the Clerkship/Elective Director to request the time off if the request is considered appropriate. The counselor and student will work with the Clerkship/Elective Director to determine how/if the time can be made up. Excused absences may not be granted by the Clerkship/Elective if this policy is not followed.



Excused absences for non-medical reasons (including weddings, family gatherings, travel, vacation) are not normally granted. The exception is presentation of the students own scientific work at local or national meetings. A guideline for excused time off for these meetings is one day for local and two days for national meetings, including travel to and from the site. This allows for the student to present his/her scientific work and get a flavor of the meeting. Attendance for the entirety of a meeting is usually not possible if it does not conform to these time restraints. Notably travel to international or distant (eg. Hawaii) meetings is not possible because of the travel times required. Attendance at meetings that do not involve presentation of the student's own scientific work is not a valid reason to request and excused absence.

Your attendance is expected and required at all other times by the faculty and the Clerkship Director or Elective Coordinator for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well. Indeed, unexcused absences will severely affect your grade; as detailed elsewhere in the policies and procedures for each clerkship, you may fail a clerkship or elective if you do not show up for an assigned activity, miss call, etc.

If for any reason you miss clinical time for illness, family emergency, weather delays, etc., you should immediately notify your supervising resident/faculty member or site coordinator and the Clerkship Director or his/her designee. Having notified these individuals, it is still the student's responsibility to obtain an approved/excused absence from the Office of Student Affairs. To do so you must contact the Assistant Dean of Student Affairs or your counselor. When you return from an excused absence, plan to discuss making up the missed clinical time with the Clerkship.

8.27 CHANGES TO THESE CURRICULUM GUIDELINES

Changes may be made to the Year III clinical curriculum at any time. The administration will notify you by e-mail when a change has been made. You should check your e-mail daily and the web page for possible changes to the School of Medicine policies and procedures. It is your responsibility to keep up with the policies as they may change through the academic year.

8.28 DUTY HOURS

Duty hours are defined as all educational activities in clerkships and electives during the third and fourth years of the medical school curriculum, including inpatient and outpatient care, administrative activities related to patient care (charting, discharge planning, transfer planning, etc.), and scheduled educational activities such as conferences, rounds, etc. Duty hours do not include reading and preparation time spent away from the duty site.



Both students and their supervising attending faculty and residents are reminded that medical students are here in an educational capacity. They are not on the floors, clinics, etc. to provide indispensable patient care. Consequently, there may be times when the educational requirements of the program dictate that patient care time be curtailed; in order to allow students to attend scheduled conferences, lectures and other required educational activities.

Duty hours will mirror those published by the ACGME as of March 2017 outlined as follows:

- Duty hours must be limited to 80 hours per week, averaged over a 4 week (one month) clerkship or elective. These 80 hours include in-house call activities.
 - For example, a student may work 90 hours in one week, 60 hours in the next week, and two 75-hour work weeks during a 4 week (one month) clerkship. The average of 75 hours per week satisfies the above rule.
- Two 90-hour work weeks and two 70 hour work weeks also satisfy the above rule.
- Students must be provided with 1 day off in 7, free from all educational and clinical responsibilities, averaged over a four week (one month) clerkship or elective, inclusive of call.
- For the purposes of this policy, four week periods of a clerkship are treated the same as a one month elective.
- For 2 month clerkships, the rules stated herein apply to each of the 4 week (one month) portions of the clerkship.
- One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
 - For example, a student is required to work from Monday through the following Friday 12 days and then gets the entire following weekend off. The two days off that weekend satisfies the requirement that the student has one day off in 7.
- **Call: overnight call will be scheduled no more frequently than every third night**



ON-CALL ACTIVITIES

The objective of on-call activities is to provide medical students with continuity of care experiences and additional patient care experience that would not be available during a regular work day.

On-Call activities that do not meaningfully provide for this objective should be critically evaluated and terminated from the medical school schedule. In-house call is defined as those duty hours beyond the normal work day when students are required to be immediately available in their assigned institution.

- In-house call must not occur more often than once every 7 days **averaged over the four week period.**
- Continuous in-house call does not have a limit number of hours per on-call event. Rather, the policy of a maximum of 80 hours/week averaged over 4 weeks and one day off every 7 days averaged over 4 weeks must be followed.
- **On some services, overnight “night shift” or “night float” are required due to the nature of the service. These are subject to the aforementioned limits of 80 hours/week and 1 in 7 days off. Every effort is made by the clerkship to work didactic activities around these schedules.**

REPORTING OF DUTY HOURS VIOLATIONS

Responsibility for reporting of Duty Hours Violation lies with the student. Students should report a violation of duty hours by logging into E*value or new innovations and going to the “On-the-fly” tab. The duty hour violation form is located there. The form should be filled out when the duty hour violation occurs. The report is automatically sent to the Clerkship Director and the Assistant Dean of Clinical Education at the time of student submission. The Clerkship Director and/or Assistant Dean of Clinical Education will address the violation at the time of occurrence and record results in E*value or new innovations.

8.29 OTHER IMPORTANT INFORMATION

Refer to the Policies and Procedures Manual for information about:

- Duty Hours and Work Environment
- Clinical Student Dress and Grooming Standards
- Student Mistreatment Policy
- Sexual Harassment Statute and Policy



YEAR IV POLICIES



9. YEAR IV POLICIES AND PROCEDURES

In this section:

- 9.1 OVERVIEW OF THE YEAR 4 CLINICAL CURRICULUM
- 9.2 PROMOTION OF YEAR III STUDENTS TO YEAR IV (SENIOR) STATUS
- 9.3 THE YEAR IV SCHEDULING PROCESS
- 9.4 GENERAL POLICIES, SENIOR COURSE REQUIREMENTS AND SENIOR PROGRAM SCHEDULING
- 9.5 COURSE CHANGES: ADD/DROPS
- 9.6 CHANGING A YEAR IV ELECTIVE
- 9.7 REQUIRED SENIOR CLERKSHIPS
- 9.8 SPECIAL OR RESTRICTED YEAR IV PROGRAMS
- 9.9 USMLE STEP 2CK AND STEP 2CS
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- 9.15 PARKING AT ASSIGNED HOSPITALS
- 9.16 REQUESTS FOR EXCUSED ABSENCES FOR RELIGIOUS HOLIDAYS AND OTHER ABSENCES
- 9.17 OTHER IMPORTANT INFORMATION



9.1 OVERVIEW OF THE YEAR 4 CLINICAL CURRICULUM

In the Senior Year (interchangeably referred to as Y4, year 4, or segment 4) of the medical school curriculum, students are required to complete a minimum number of months of coursework. They will also have to fulfill graduation requirements for credits gained. at least Ten (10) months of study between June 1 and May 31. There are two required clerkships of one-month duration each: **Inpatient Sub- Internship** and **Emergency Medicine**. One month is the **Step 2 prep course**. The other months include elective courses, with the intention that you plan a balanced program of study to complete your medical school education. Co-curricular credit can be applied to year 4 for AY 19-20.

AY 2019-20

12 months available June 1 to May 31

Subinternship	1
Emergency Medicine	1
Step 2 Prep	1
Electives	7
Co curricular	-1 (counts as 1 month)
Interviewing/Vacation	2

AY 2020-21(preliminary)

13 months available April 8 2020 to May 31

AY 2021-22(preliminary)

14 months available April 1 to May 31

9.2. PROMOTION OF YEAR III STUDENTS TO YEAR IV (SENIOR) STATUS

At the end of Year III, students are promoted to Year IV upon the recommendation of the Clerkship Committee to the School of Medicine Promotions Committee. It is important to note that students are not promoted to Year IV status until all requirements of Year III are met. This includes remediation of any and all Year III courses and examinations, including Incomplete grades. This is an extremely important issue, since senior electives taken without clearing all Year III deficiencies means that those electives will not be credited toward graduation. It is the student's responsibility to make sure that this rule is followed and that all deficiencies and requirements are met. Students will also be required to schedule step 2 CK and CS within the time period established by the WSUSOM.

N.B. If a student has not completed the year 3 elective prior to starting y4, it will have to be completed first, prior to starting any year 4 curriculum.

REQUIRMENTS FOR PROMOTION TO YEAR 4
Completion of all year 3 work
OSCE Passing score or successful remediation
Scheduling Step 2 CK and C-Summary



9.3. THE YEAR IV SCHEDULING PROCESS

1. The dates for entering your requests for senior courses into the scheduling system will be disseminated by e-mail. A class meeting will be announced and held prior to the start of senior scheduling to discuss the senior program scheduling process and the lottery system.
2. The web-based scheduling system will be used by students to input their proposed senior program for their required and elective senior courses. Details of how the scheduling assignment process functions will be provided well in advance of the scheduling period.
3. Results of the computerized scheduling system are final.
4. Students who fail to submit their course requests by the announced date for the closing of the scheduling process system will not be allowed to enter requests into the system at a later date. These students will meet with the Assistant Dean of Clinical Education or his/her designee to schedule their rotations from whatever choices remain after scheduling for all other students is completed.
5. As new scheduling software is installed and adapted for on line scheduling and grading, some adjustments to the process and policies will be necessary.

9.4. GENERAL POLICIES, SENIOR COURSE REQUIREMENTS AND SENIOR PROGRAM SCHEDULING

1. Year IV begins on June 1 2019, and ends on May 31,2020. It will begin in April 2020 and the official date will be announced at a later date as the calendar is established. In contrast to the Year III rotations, each senior year course follows the calendar month, beginning on the first of the month and ending on the last day of the month. *N.B. even if those days are weekends or holidays, or university vacations.*
2. Each HOME elective is one (calendar) month in length. AWAY (including International) electives may start on a different day than the first of the month, but they **must be at least four (4) weeks long.**
3. Two week away electives must be done consecutively in one month. If done, each requires a passing evaluation from the preceptor in order to get credit for the month.
4. Students are required to take a minimum of ten (10) months of course work during this academic year (2019-20). They may count the earned elective credit for the month of Co- Curricular program if appropriate.
5. Two months are thus allowed as vacation/ interview months.
6. If a student elects a clerkship of more than four but less than eight weeks duration, he or she will be awarded only one month of academic credit. Thus, completion of two 6-week electives earns only 2 months of elective credit, not 3 months of credit. (this applies to away rotations).
7. The 10 months of course work must include at a minimum:
 - Two required senior clerkships (see below)
 - Step 2 prep course
 - Seven elective courses



8. These courses should constitute a Balanced Program of study. Generally, students are encouraged to take no more than three electives in any one specialty, although allowances will be made for highly complete specialties, as necessitated by the current environment, subject to approval by the Assistant Dean for Clinical Education.
9. Upon completion of Phase 2 of the Year IV scheduling process, all student schedules will be reviewed for balance as described above. The review will be done by Clinical Education subcommittee and the Academic and Student Programs office. Students with unbalanced schedules will be required to meet with the Assistant Dean for Clinical Education to discuss their proposed plan of study. The Year III Elective will not be considered in evaluating the Year IV schedule for balance.
10. All of the clerkships and elective courses are five to seven full days of work each week. No vacations or other travel (e.g., travel to/from other sites, etc.) are allowed during electives or required YR IV clerkships unless prior arrangements in writing are made with the course director and approved by the Assistant Dean of Clinical Education. Exceptions to this policy, allowing limited number of days away from electives for residency interviews, is discussed below.
11. Away electives sometimes are several days out of synch with the WSUSOM calendar. If there are less than 3 days of overlap the student may petition the course director for schedule adjustments. Any missed days will need to be made up to the course director's satisfaction. All must be approved through Academic and Student Programs office, who will work with the student to make reasonable adjustments.
12. Each student should work with his/her senior program faculty advisor to develop his/ her senior curriculum. Of course, students are free to consult other faculty members for advice as well.
13. Step 2 Preparation Course: The student will complete the Step 2CK preparation course. This self-directed learning course is a one credit hour, satisfactory/unsatisfactory course, that will help provide you with additional structure and medical school resources while preparing for the exam. Non-completion of ALL the requirements of this course will result in an **Unsatisfactory** grade with will prevent the student from graduating, unless remediated prior to certification.

9.5. COURSE CHANGES: ADD/DROPS

1. After the scheduling lottery is completed in the late spring of your junior year, the senior required and elective programs are disseminated to students, hospitals, departments, etc. Because of contractual obligations with clinical partners, policies for changes are strictly adhered to.
2. Because the timing of scheduling in spring would make it impossible to propose changes to senior programs with at least 45 day notice, no changes will be allowed for other than extenuating circumstances* to senior programs during the months of June and July.
3. There will be changes in required course schedules only under extenuating circumstances at any time in the academic year.
4. Changes to elective courses beginning after September 1st will be allowed with at least 45 days written notice.



5. After all assignments are made, senior student's programs are reviewed for content and balance by the Clinical Education Sub-Committee. Final approval of each proposed student program is subject to approval by Academic and Student Programs office. Unapproved senior programs must be modified by students with assistance of the Assistant Dean of Clinical Education.
6. Students who will not complete all required Year IV courses and requirements by May 31st of each academic year must have their Year IV proposed programs reviewed by the Office of Student Affairs prior to submitting their proposed program into the lottery request system.
7. Students are advised to allow for time off for residency interviews during the months of November, December or January. Therefore, it is strongly suggested that one of these months should be taken as a vacation period designated for residency interviewing. The policy regarding taking time off from electives for residency interviews are detailed later in this guide.
8. No clerkship can be dropped once it has begun. Any clerkship approved for a student's senior program MUST be taken, and students cannot shorten their programs at a later date. Thus, if a student signs up for 10, or 11 months of coursework at the beginning of the year (lottery and selection process) he or she WILL BE REQUIRED to satisfactorily complete that number of clerkships.
9. Up to two months may be taken in research clerkships listed in the School of Medicine on-line Elective Catalog (Home electives) or arranged with a research mentor as Independent Study Electives. However, these two research clerkship months count towards the balance requirement. Extra months of research require the approval of the Assistant Dean for Clinical Education.
10. It is the student's responsibility to contact the coordinator of the clerkship regarding the date, time and location to report to on the first day of the course. This needs to be done at least three days prior to the start of the course. If there is confusion or the coordinator/preceptor cannot be reached, the student must contact Enrollment Management (Records and Registration) for assistance.
11. The student is to pay any fees required by other institutions for courses taken at their facilities.
12. The year 4 program may be changed by the WSUSOM for the student who is not in good academic standing, is not making satisfactory academic progress, or is at risk of not graduating on time. Additionally, students identified by the Academic Advising Committee, the clinical education subcommittee or Academic and Student Programs as having deficiencies in clinical skills as identified by clerkship performance or OSCE performance, may have their schedules adjusted to build these clinical skills and prepare the student for residency.
13. These changes will be made in consultation with Student Affairs, Academic and Student programs, and/or under the direction of the Vice Dean for Education.
14. Students who do not meet deadlines for registering and sitting for the step 2 CK and CS exams will not be able to complete their schedules after November 1 of the academic year. The class schedule will be cancelled until they are in compliance. (Rationale: students are not certifiable for the match until these exams are passed).



15. Extenuating circumstances will be defined as unforeseeable events outside the control of the student including illnesses and deaths. All will require the student to submit documentation. Academic circumstances are also included (step failure or course failure). All must be arranged/requested through Student Affairs and are subject to approval by the Dean's offices.
16. Students who have a sudden change in career plans and are changing their residency applications will meet with the Assistant Dean for Clinical Education prior to dropping courses in the first 3 months, so that the students plan is feasible, reasonable and supported.

9.6 CHANGING A YEAR IV ELECTIVE

1. The following policy refers only to changes involving electives.
2. ALL requests to change electives must be initiated through Office of Records and Registration, who handles requests that meet the 45-day requirement. Any change within the 45 day requirement that involves extenuating circumstances will also involve Student Affairs and the Assistant Dean of Clinical Education
3. The current program, requested change (the new course and alternatives, if indicated), and reason for the change will be listed on the Add/Drop Change form available in Student Affairs, Records and Registration, and Academic Affairs offices.
4. No changes will be made without the required signed Add/Drop form; if you have previously communicated with administration regarding the change by email, please submit a copy of the relevant discussion along with the change request so that all documentation is together that needs to be reviewed. To reiterate, any explanations, descriptions of extenuating circumstances, etc. including copies of email correspondence must be submitted with the Add/Drop form, as a decision will be made on the program change only with materials available at that time; no attempt will be made by School of Medicine Administration to correlate an Add/Drop form with past submitted information or verbal discussions.
5. **All requests to change electives must be submitted at least 45 days before the start of the elective.** Note that *all* paperwork to effect a change must be submitted at least 45 days before the start of the elective in question.
6. If requested by administration, or at the student's request, the student will meet with the Assistant Dean of Clinical Education for discussion of his or her modified program. Once approved, the documents will be forwarded to the Office of Records and Registration for modification of the student's official record. Course directors impacted by the change will be notified by the Office of Records and Registration.
7. It is to your advantage to submit the request as soon as you know you want to change your program, since the elective you wish to change into may not be available at a later time. Please note that all of our clinical partners welcome students from other medical schools through VSAS and other programs. WSU students get first dibs at most programs, but after the initial scheduling the slots may be awarded to other students.
8. You should contact enrollment management to inquire about availability of electives. Individual faculty seldom have the information and schedule to know if there is space. Enrollment management will work with individual coordinators and faculty to make possible arrangements.



9. Decisions regarding the approval or disapproval of a senior elective change are final, irrespective of the availability of space to accommodate the student's request.
10. All program changes must follow the policies in force at the School of Medicine, and be approved by School of Medicine administration. There are several reasons for possibly denying approval even though it appears to you that the course is available, including possible obligations by the School of Medicine to fill spots once students have indicated their desire to take them; other changes that have been recorded but not communicated to the coordinator or department or hospital that takes up the free spot; academic concerns after review of a student's prior performance; program balance, etc. Any program change made by a student that does not have prior School of Medicine approval may not be recognized by the School of Medicine, resulting in denial of credit towards graduation for that elective.

9.7 REQUIRED SENIOR CLERKSHIPS

There are two required senior courses:

1. An Inpatient Sub-Internship clerkship—Can be taken in the departments of Internal Medicine, Family Medicine, Surgery, or Pediatrics at hospitals designated by each respective department. No other inpatient or outpatient medicine course will be accepted for this Sub-Internship requirement.
2. Emergency Medicine clerkship

These requirements must be fulfilled from the list of courses detailed in an annual senior course scheduling document. No other courses can be substituted for these three required courses. These courses complete the sequence of required courses begun in Year III as the core clinical experience.

Once assignments of these required courses have been made, this schedule cannot be changed except in the case of emergency and/or extenuating circumstances as judged by the Academic and Student programs office and Student Affairs.

9.8. SPECIAL OR RESTRICTED YEAR IV PROGRAMS

The Clinical Education Subcommittee, Promotions Committee and the Office of the Associate Dean for Academic and Student Programs (including the Assistant Dean of Clinical Education) are empowered to alter senior programs to guarantee the highest possible academic achievement and knowledge of the graduates of the Wayne State University School of Medicine. This includes, but is not limited to, alterations to help remediate academic difficulties and clinical weakness. No student can receive Year IV credit for Year III make-up work. Year IV clerkships cannot be substituted for Year III clinical core clerkships.

Students who have not completed Year III by the designated end of the year (May 31 for 2019) of each academic year or who have an unresolved unsatisfactory grade in any Year III clerkship or whose performance on the end-of-year Objective Structured Clinical Examination (OSCE) indicates a need for remedial work or who have had other significant academic difficulties may be required to do one or more of the following:

1. Make up the deficiency by November 1 of his or her senior academic year. This includes OSCE remediation.
2. Revise his/her previously approved Year IV program to make up a deficiency.



3. Take a prescribed program during their senior year.
4. Not be allowed to take AWAY electives.
5. Take all senior clerkships (required or elective) at locations determined by School of Medicine Administration and/ or Clerkship Directors.

9.9. USMLE STEP 2CK AND STEP 2CS

1. YR III (Junior) students are not allowed to take time off to take the USMLE Step 2 examinations.
2. Year IV students are allowed one day off from Senior coursework to take USMLE Step 2 CK and three days off for the USMLE Step 2 CS (Clinical Skills, see below). No additional time off from Year IV electives or required courses will be allowed to study for the USMLE, or to travel to or from distant testing sites or review courses. There will be no exceptions to this policy.
3. It is recommended that the student schedule Step 2 exams at the end of the step 2 Prep course month.
4. Once you have a date for either of these exams, please inform your counselor and the involved clerkship director/elective coordinator in writing at least 2 weeks before the anticipated days off for the exam.
5. The Administration of the School of Medicine requires that you take Step 2 CS prior to September 30 of Year IV. Step 2 CK must be taken by Oct 31. Failure to take the test by that day will result in cancellation of the year 4 schedule until it is remediated.
6. In order to be certified for the match and be eligible to graduate in June, passing scores for both exams must be posted (i.e. available to the SOM) by February 1.
7. The USMLE Step 2 CS and CK exams can be taken in either order.

9.10. TIME OFF FOR RESIDENCY INTERVIEWS

1. Limited travel during senior courses is now permitted for residency interviews under the following policy:
2. You must obtain permission from the course director or his/her designee after written request for time off is submitted **at least two weeks** before the **start of the course**.
3. You are allowed to take up to **two days off from the Sub-Internship or Emergency Medicine. Up to five days may be taken off from electives for interviewing**. No more than 5 days may be taken off in any month for residency interview travel. If more than 5 days is needed, the course should be rescheduled or alternative schedule for makeup in later months to receive credit.
4. At the course director's discretion, all time off from the elective or required course must be made up.
5. Conflicts between the 45 day rule (for adding or dropping a course) and the sudden need for more days off should be anticipated by the student when making out the schedule. Last minute interview needs will not be a reason for ignoring the 45 day drop/add rule.
6. Violation of these limits for interviewing will result in:
 - An unsatisfactory grade on the transcript
 - No credit for that rotation
 - A referral to the professionalism committee for absenteeism



9.11. ISSUES WITH AWAY ELECTIVES

1. If travel time conflicts with the completion of one elective period and the beginning of another, permission must be obtained from the faculty member in charge of the elective from which time will be lost for travel prior to beginning the course that will cause the conflict.
2. Paid clerkships or externships are not acceptable as official electives for credit towards graduation. If you get paid for an elective, you cannot also receive course credit for that elective.

9.12. GRADES IN SENIOR COURSES

Students will be evaluated in their respective senior required clerkships and electives, using grading policies and procedures established and disseminated for each course. See details elsewhere in the Policies and Procedures Manual for further information regarding grading and remediation policies.

Note carefully that AWAY electives are held to the same requirements of grade submission, and the WSUSOM must receive evidence of satisfactory performance for the entire period in order to grant credit.

Students who do not finish an elective will receive a U (unsatisfactory) grade.

GRADE APPEALS

Refer elsewhere in the Student Handbook regarding the grade appeal process for clinical electives.

9.3 ELECTIVES

AWAY AND HOME ELECTIVES

AWAY electives are electives that are not at an institution affiliated with WSU-SOM.

HOME electives are those that are provided at an institution affiliated with WSU-SOM.

Students need to submit the necessary paperwork for the approval of all electives other than those in the WSUSOM catalog with our affiliated institutions.

A student may elect to do more than the minimum number of electives required for graduation.

APPLYING FOR AWAY ELECTIVES

1. At no time will a student be allowed to complete his or her two required senior clerkships (Sub-Internship and Emergency Medicine) outside the usual course offerings (required at HOME).
2. AWAY electives are available from many medical schools and a variety of clinical facilities. The Office of Student Affairs has information regarding various available electives which prior students have taken. Counselors also have information regarding AWAY electives that students have found beneficial, as do various faculty members in the departments who act as advisors to junior and senior students.



3. Most medical schools will use the AAMC's Visiting Student Application Service (VSAS) to receive applications from students wishing to do 4th year clinical AWAY electives at their institutions. This service includes a searchable database of electives, a short application, the ability to pay application fees online, and tracking of offers and schedules. Detailed helpful information for students about VSAS and a list of participating host schools is available at:

<https://www.aamc.org/students/medstudents/vsas/>

The WSU School of Medicine Records and Registration office will issue you authorizations to log into VSAS. This office as well as the Office of Student Affairs will assist you in the VSAS application process.

4. The application process for AWAY electives at host schools **not** yet participating in the VSAS process includes first making contact with the medical school or institution in question. In conjunction with your counselor in the Office of Student Affairs, the School of Medicine's AWAY Elective form is then completed. This includes obtaining approval of the Assistant Dean of Clinical Education. The Office of Student Affairs will also help you complete other application materials required by host institutions such as proof of vaccination or other health matters, verification of 'good standing' status, malpractice insurance, etc. It is the student's responsibility to complete all required forms and requests (health forms, transcript requests, proof of health insurance, HIPAA training, respirator fit testing, USMLE scores, photo ID) and submit the completed packet to the Office of Student Affairs. **Students requesting an elective from a school/hospital requiring additional medical liability insurance beyond the school's policy will bear the cost. This additional fee will not be reimbursed by the School of Medicine.** Be certain to read host school requirements carefully and comply with the policies in addition to all WSU School of Medicine policies. The Office of Student Affairs will review and mail all of this information to the host institution to complete your application for an away elective. Please note that no applications will be processed or mailed by the Office of Student Affairs without submission of all of the required application materials.

Programs that do not participate in VSLO will require an affiliation agreement with WSU. Since this needs to go through legal review and get signed by the Provost of the university, it will take at least 2 months to process. Several programs already have affiliation agreements on file with WSU, so it is wise to check before committing.

5. Only one AWAY clerkship request form will be processed for a given month. Students may not try to get several different AWAY electives for a particular month as "backup electives". Applying to and being accepted at two different institutions for the same month necessitates that the student will have to cancel one of the electives he or she requested after the request was approved by the institution; this is never interpreted favorably by the institution, and could have an impact on future student learning there. You are advised to list alternate courses in the same department when making your requests. By doing so you will avoid having to secure multiple chairs' signatures for a given month and maximize your choices at a given institution.
6. The Office of Student Affairs will maintain a file of all completed requests and provide the student with a copy of the application materials.



7. The AAMC Extramural Electives Compendium (usually released in March or April of each academic year) contains information of electives offered to visiting students from a variety of institutions. It can be found on the web at:

<http://www.aamc.org/students/medstudents/electives/start.htm>

The compendium contains detailed information regarding the application, approval processes, deadline dates, etc. for taking guest electives at all accredited US and Canadian schools. Copies will be available in the Office of Records & Registration, the Office of Student Affairs, Student Organizations Office and the Shiffman Library. Most medical schools also post their senior year curriculum guide and elective offerings on their institutional web-site.

8. WSU AWAY elective forms are available in the Office of Records & Registration and the Office of Student Affairs.
9. The Office of Records & Registration must receive written confirmation of your acceptance as a guest student from the institution at least four weeks prior to the scheduled starting date for the clerkship. Please be sure to monitor this requirement carefully. If you do not obtain written confirmation by one month before the start of the elective, contact the Office of Student Affairs or the Office of the Assistant Dean of Clinical Education for assistance.
10. As with all other clerkships and electives, failure to attend an approved clerkship will result in an unsatisfactory grade. That unsatisfactory grade will be made up at the Detroit Medical Center or Henry Ford Health System. The student will also be referred to the professionalism committee.
11. Students will be given credit only for those AWAY courses for which they have registered and which appear on their approved Year 4 program. If changes are made by the student or imposed by the host institution, the Office of Records & Registration must be notified immediately.

INDEPENDENT STUDY ELECTIVES

An Independent Study Elective is defined as any elective taken during the clinical curriculum of medical school (whether during Year III or Year IV) that does not have a previously defined and published syllabus, which describes the objectives, work hours and environment, resources, and evaluation methods of the course. In essence, the course is established by and for the particular student. This definition applies to proposed electives at Wayne State University School of Medicine or one of its affiliated HOME clinical institutions (HOME Independent Study Electives) as well as courses at other institutions (AWAY Independent Study Electives).

Except in unusual circumstances approved in writing after written petition by the student, students will not be allowed to complete more than three independent study electives during Years III and IV of medical school. This includes research electives.



YR III Independent Study Electives can only be done at the School of Medicine or its affiliated hospitals. YR IV Independent Study Electives can be done here, elsewhere in the USA, or at international sites (see below).

1. HOME Independent Study Electives
2. Requests to establish a HOME Independent Study course for your elective will be considered by the Assistant Dean of Clinical Education in conjunction with the relevant Department of the School of Medicine. The request to establish an Independent Study Course is initiated at the Office of the Assistant Dean of Clinical Education or the Office of Student Affairs with the student's counselor. The School of Medicine Independent Study Elective form must be completed in order to process the request. Several criteria are used in considering approval of the Independent Study request, including but not limited to, the student's academic record, departmental resources, the student's planned career, the presence of a compelling reason to establish such a course (for example the absence of an identical elective course at the School of Medicine), etc.
3. The student must contact the department and/or individual with whom he or she intends to work. Together the plan of study is developed and written on the Independent Study form. When completed and signed, this is then submitted to the Assistant Dean of Clinical Education for formal approval.
4. Faculty sponsoring or precepting HOME independent study electives must have a faculty appointment with WSUSOM
5. AWAY Independent Study Electives
6. AWAY Independent Study Electives are developed and approved in a very similar fashion, except that the approval from the Assistant Dean of Clinical Education should be sought before attempting to establish the elective. The process is altered in this way to make sure that everyone at the School of Medicine *will approve* the elective before the student contacts the other institution. During Year IV, AWAY Independent Study Electives can be arranged when proper documentation of the educational value of the elective can be demonstrated.
7. AWAY *International* Electives, which by their very nature are an Independent Study Elective because the experience is unique, are discussed below.
8. Additional important points:
 - i. If you plan to do an AWAY Independent Study Elective, it is your responsibility to make all arrangements regarding the elective, including approval by WSU School of Medicine. No credit will be given retroactively for courses taken but not approved before the start of the course.
 - ii. Monitor the situation with regard to your AWAY Independent Study Elective requests carefully. If you determine that you will not get a requested AWAY Independent Study Elective, you must propose a substitute for that course which is then added to your program using the mechanism for course changes specified in this program guide.
 - iii. All independent study electives must have an evaluation form submitted to the SOM in order to get credit. This must be done within 30 days of completion of the elective, and within 3 days for May electives (in order to fulfill graduation requirements).
 - iv. Preceptors must have a faculty appointment at a School of Medicine. Credentials must be submitted in the form of a CV. A current and valid email address is also required.
 - v. Independent research electives home or away require submission of an abstract or research report to the WSUSOM in addition to the evaluation form. This will document research progress made during the month.



ELECTIVE GRADES

You will be eligible for the usual clinical grades of Honors, Satisfactory, or Unsatisfactory for electives. The elective taken during Year III is not counted towards the number of Honors course evaluations needed to achieve YR III Honors.

INTERNATIONAL ELECTIVES

International electives are defined as educational time spent outside the United States and Canada.

A **one-month** elective within a foreign country may be taken for credit by senior students only if the educational value of the elective can be verified. Establishing and approving the elective follows the guidelines outlined below. Prior to contacting an international institution, students must meet with Dr. Chih Chuang, Director of Global Health and Education.

Students who have not obtained senior status may not take International Electives for credit. Students who are on academic probation, have a status of Special Matriculation or on leave of absence are not permitted to participate in international clinical experiences.

Only one international away elective (of one-month duration) is allowed per student. This elective is considered in the evaluation of program balance.

The procedure for approval of international electives for senior students at the School of Medicine involves discussing with the Director of Global Health and Education to assess the educational value as well as assessing the logistical aspects of the elective. The Director will also assess whether the elective fits into the School of Medicine's long term objective of potential partnership and sustainability. The Director will give final approval and all requisite paperwork and evaluations must be completed before a final mark will be issued.

You will need to complete a Schedule Change Request Form if you are adding this elective to your schedule.

9.14 STUDENT RESPONSIBILITY AND CLERKSHIP/ELECTIVE EVALUATIONS

1. It is the student's responsibility to know the requirements for completion of the senior program, the requirements for awarding the medical degree, the requirements for graduation, and the rules regarding away electives. Do not procrastinate and put off completion of these requirements until the end of the year when you have insufficient time to complete them before graduation.
 2. In addition, you are required to complete an evaluation of each clerkship and elective course you complete during your clinical years. This requirement applies to both junior and senior elective courses as well as all required junior and senior clerkships. The School of Medicine Administration monitors the educational process with the hope of continually improving it.
 3. No grade will be recorded by the Office of Records and Registration until the student has completed the evaluation for each clerkship or elective.
 4. The School of Medicine may at times require students to complete surveys for ongoing educational research, online educational activities for regulatory compliance (e.g., Risk Management) or other activities not listed or announced previously. Once these are announced via email or other means, students will do everything possible to complete the requirement in a timely fashion.
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9.15. PARKING AT ASSIGNED HOSPITALS

Parking is at a premium at many of the hospitals to which you will be assigned or electively rotate. However, some of the hospitals provide contiguous parking in employee lots or structures; check the information at the end of this document and contact the departments to which you are assigned for more information.

Because of a supply-demand mismatch at the Detroit Medical Center Central Campus, contiguous parking in well-lit, safe lots or structures is not always provided by the hospital or department to which you are assigned. The individual departments will distribute to the students located at DMC Central Campus for Emergency Medicine, Sub-Internship and most electives. **The School of Medicine STRONGLY advises all students to avoid parking on public streets at any time.**

Parking cards and tags will be distributed either by the WSU department to which students are assigned or through the DMC Medical Education Office. Failure to return parking cards and tags immediately upon completion of a rotation or elective may lead to the imposition of late fees and/or administrative sanctions being applied to the student.

9.16 REQUESTS FOR EXCUSED ABSENCES FOR RELIGIOUS HOLIDAYS AND OTHER ABSENCES

The School of Medicine recognizes and appreciates the diverse cultural and religious backgrounds of its students. *However, there are no official days off during your junior and senior electives. For students on electives, all days off are determined by the clinical service to which you are assigned for each month.*

Requests for time away from clerkships and electives must be submitted in writing to the student's counselor. The counselor will work with the student to request the time off from the Clerkship/ Elective Director if the request is found to be appropriate. The counselor and student will also determine if the student should offer to make up time in the clerkship/elective; however, the requirement for the time to be made up is at the discretion of the Clerkship/Elective Director. The Clerkship/Elective Director may not grant absences if this policy is not followed.

Your attendance is expected and required at all other times by the faculty and the Clerkship/Elective Director for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well.

Indeed, unexcused absences could severely affect your grade; as detailed elsewhere in the policies and procedures for each clerkship, a clerkship or elective may fail you if you do not show up for an assigned activity, miss call, etc.

If for any reason you miss clinical time for illness, family emergency, weather delays, etc., you should immediately notify your supervising resident/faculty member or site coordinator and the Clerkship Director or his/her designee. Having notified these individuals, it is still the student's responsibility to obtain an approved/excused absence from the Office of Student Affairs. To do so you must contact the Assistant Dean of Student Affairs or your counselor. When you return even from an excused absence the student will discuss making up the missed clinical time with the Clerkship.



9.17 OTHER IMPORTANT INFORMATION

Refer to the Policies and Procedures Manual for information about:

- Duty Hours and Work Environment
- Clinical Student Dress and Grooming Standards
- Student Mistreatment Policy
- Sexual Harassment Statute and Policy

Reference:

- ⁱ American Board of Internal Medicine, Project Professionalism 2001,
<http://abimfoundation.org/Resource%20Center/Bibliography/~Media/Files/Resource%20/Project%20professionalism.ashx>
April 7, 2010.
- ⁱⁱ American Board of Internal Medicine Foundation, American College of Physicians, European Foundation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Annals of Internal Medicine* 2002; 136:243-246.
- ⁱⁱⁱ 2011 Study in Transactions of the American Clinical and Climatological Association
Adapted from Yale School of Medicine Professionalism Policy

